

acknowledged 24/8/66
Ac 4462

Public Health



ANNUAL REPORT
ON THE
HEALTH
OF THE
CITY OF SHEFFIELD
1965

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.
Medical Officer of Health



ANNUAL REPORT

ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

1965

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.
Medical Officer of Health

PRINCIPAL CONTENTS

	Page
GENERAL STATISTICS	vi
VITAL STATISTICS	1

PERSONAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN	10
DENTAL SERVICES	23
MIDWIFERY	24
HEALTH VISITING	28
HOME NURSING	36
VACCINATION AND IMMUNISATION	40
AMBULANCE SERVICE	42
CARE AND AFTER-CARE	47
TUBERCULOSIS CONTROL	51
THE SOCIAL PROBLEM GROUP	57
HOME HELP AND HOME WARDEN SERVICE	60
HEALTH EDUCATION	65
SOCIAL PSYCHIATRY	79

WELFARE SERVICES

WELFARE OF THE BLIND AND PARTIALLY-SIGHTED	89
WELFARE OF OTHER HANDICAPPED PERSONS	99

ENVIRONMENTAL SERVICES

GENERAL PUBLIC HEALTH INSPECTION	107
OSGATHORPE DISINFECTING STATION AND TRANSPORT REPAIR WORKSHOPS	117
HOUSING AND SLUM CLEARANCE	119
CLEAN AIR	122
FOOD AND DRUGS	126
MEAT INSPECTION	132



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30080939>

APPENDIX

VITAL STATISTICS

	Page
DEATHS ACCORDING TO DISEASE, SEX AND AGE PERIODS ...	136

PERSONAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN	137
MIDWIFERY	140
HEALTH VISITING	141
VACCINATION AND IMMUNISATION	143
AMBULANCE SERVICE	144
TUBERCULOSIS CONTROL	145
HOME HELP AND WARDEN SERVICE	146

WELFARE SERVICES

WELFARE OF BLIND AND PARTIALLY-SIGHTED	148
WELFARE OF HANDICAPPED PERSONS (GENERAL CLASSES) ...	151

ENVIRONMENTAL SERVICES

GENERAL PUBLIC HEALTH INSPECTION	152
WATER SUPPLY	158
AIR POLLUTION	160
FOOD INSPECTION	165
MEAT INSPECTION	168

GENERAL

METEOROLOGY	170
--------------------	-----

CITY OF SHEFFIELD

HEALTH COMMITTEE

as at 31st December, 1965

THE LORD MAYOR:
(Alderman J. S. WORRALL, J.P.)

Chairman: Alderman Mrs. P. SHEARD, B.A., J.P.

Deputy-Chairman: Councillor Mrs. W. M. GOLDING

Alderman E. SCOTT	Councillor P. M. N. JONES, M.B., B.S.
Councillor F. W. ADAMS	„ C. W. KNOWLES
„ G. ARMITAGE	„ C. B. MacDONALD, O.B.E.,
„ R. B. ASHMORE, M.Inst.M.	T.D., A.C.I.I., F.C.I.B.
„ N. BENTLEY	„ G. R. MUNN
„ W. G. BLAKE, J.P.	„ J. NEILL, B.Sc.
„ Mrs. V. BOYD	„ C. SIMMS
„ G. S. GOODENOUGH	„ F. STATON
„ R. W. HADFIELD, B.Soc.Sc.	„ J. E. TOMLINSON, Dip.Pol.Econ.
„ Mrs. E. A. HATTERSLEY	„ G. WRAGG

REPRESENTATIVES ON OTHER BODIES, Etc.

Joint Committee—Welfare of the Blind Department and Royal Sheffield Institution

Alderman E. SCOTT

Councillor G. WRAGG

Councillor F. STATON

North Eastern Federation of Members of the Queen's Institute of District Nursing

Councillor Mrs. V. BOYD

Councillor C. W. KNOWLES

Sheffield and District Clean Air Committee

Alderman Mrs. P. SHEARD, B.A., J.P.

Councillor G. S. GOODENOUGH

Councillor Mrs. V. BOYD

„ **J. NEILL, B.Sc.**

„ **Mrs. W. M. GOLDING**

„ **G. WRAGG**

REPRESENTATIVES OF LOCAL HEALTH AUTHORITY ON OTHER BODIES

National Health Service Act, 1946—Executive Council for the City of Sheffield

Alderman E. SCOTT

Councillor W. G. BLAKE, J.P.

„ **Mrs. P. SHEARD, B.A., J.P.**

„ **Mrs. W. M. GOLDING**

„ **Dame GRACE TEBBUTT,**
D.B.E., LL.D., J.P.

„ **J. NEILL, B.Sc.**

„ **J. PATE, J.P.**

Councillor G. ARMITAGE

GENERAL STATISTICS

AREA (at 31st December, 1965)	...	...	...	...	...	(acres)	39,598
POPULATION—Census 1961	...	...	...	...	...		494,344
Estimate of Registrar General—Home population year 1965	...						488,950
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1965)	...						161,604
RATEABLE VALUE (1st October, 1965)	...	...	...	...	...	£	21,292,557
SUM REPRESENTED BY A PENNY RATE (Year 1965-66)	...	...	...	...	...	£	87,062

EXTRACTS FROM VITAL STATISTICS OF THE YEAR, 1965

LIVE BIRTHS—

	Males	Females	Total		
Legitimate ...	3,945	3,877	7,822	} Birth Rate <i>per</i> 1,000 <i>of population</i>	17·4
Illegitimate ...	351	332	683		
Totals ...	4,296	4,209	8,505		
Illegitimate live births per cent. of total live births	...	...	...	...	8·0
STILLBIRTHS ...	77	52	129	Rate <i>per</i> 1,000 <i>total</i> <i>(live and still) births</i>	14·9

TOTAL LIVE AND

STILL BIRTHS ...	4,373	4,261	8,634
------------------	-------	-------	-------

DEATHS OF INFANTS UNDER ONE YEAR OF AGE—

All Infants ...	Deaths	158	Rate <i>per</i> 1,000 <i>live births</i>	18·6
Legitimate Infants ...	Deaths	137	Rate <i>per</i> 1,000 <i>legitimate live births</i>	17·5
Illegitimate Infants ...	Deaths	21	Rate <i>per</i> 1,000 <i>illegitimate live births</i>	30·7
Neonatal Mortality (first four weeks) ...	Deaths	116	Rate <i>per</i> 1,000 <i>live births</i>	13·6
Early Neonatal Mortality (under 1 week) ...	Deaths	102	Rate <i>per</i> 1,000 <i>live births</i>	12·0
Perinatal Mortality (stillbirths and deaths under 1 week) ...	Deaths	231	Rate <i>per</i> 1,000 <i>total</i> <i>(live and still) births</i>	26·8

MATERNAL MORTALITY—

Puerperal Sepsis and Abortion	Deaths	—	} Rate <i>per</i> 1,000 <i>total (live and</i> <i>still) births</i>	—
Other Maternal Mortality ...	Deaths	—		
Total Maternal Mortality ...	Deaths	—		

	Males	Females	Total		
DEATHS (All Causes)	3,072	2,857	5,929	Death Rate <i>per</i> 1,000 <i>of population</i>	12·1

DEATHS FROM CERTAIN CAUSES—

Tuberculosis of Respiratory							
System	...	...	...	Deaths	23	} Rate <i>per</i> 1,000 <i>of population</i>	0·05
Other Forms of Tuberculosis				Deaths	5		0·01
Cancer	...	...	...	Deaths	1,209	Rate <i>per</i> 1,000 <i>of population</i>	2·47

CITY OF SHEFFIELD

Telephone No. 27241

Public Health Department,
Town Hall Chambers.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

The Annual Report of the M.O.H. is a statutory duty. The pleasure in presenting it is not unmixed with relief that the task is over for another year, and thought can be turned towards constructive planning of the services themselves. The Ministry of Health issue a circular each year drawing attention to any special requirements, but the form and content of the Report is almost entirely a matter within the discretion of the M.O.H. Inevitably in a large department the enterprise is a team effort, and in Sheffield considerable latitude is given to contributors in expressing personal views. In the main, however, the Report is a factual account of the services during 1965, with special emphasis on recent developments. Some of the established services are dealt with quite briefly, but additional information may often be unearthed in the statistical appendix—an innovation designed to make the main body of the text more readable.

Vital statistics inevitably show fluctuations from year to year. There were no maternal deaths. The infant mortality rate of 19 is less than half that of a generation ago and has only been bettered in 1964 and 1959. On the other hand a rate of 31 for illegitimate children gives little cause for complacency. As mentioned on p. 21 unexplained infant deaths continue to occur, but there is scope for reducing perinatal mortality through the wider application of existing obstetric knowledge. More information as to the causes of congenital malformation would also reduce infant deaths and, as described by Dr. Jepson on p. 18, an 'early warning system' has been introduced which, with all its imperfections, will go far toward alerting a central body that any unexpected trend requires immediate investigation.

In the past attention has been drawn to the tuberculosis mortality rate which had not fallen in Sheffield to the extent experienced in many other towns, despite extensive services planned so as to discover cases early while the chances of successful treatment were high. It seems that the lean years of effort are beginning to show results for the mortality from respiratory tuberculosis dropped dramatically from 81 per 100,000 in 1964 to 47. This success must be a spur to renewed effort, for tuberculosis is still a disabling and often infectious disease in middle-aged and elderly men, where the trouble may be passed off as bronchitis or smoker's cough.

As is shown on p. 7 deaths from cancer of the lung and bronchus have risen markedly during recent years. The loss of life from what might be described as a 'man-made disease' is appalling. For so long the cry has

been, 'if only medical science could show us how to prevent cancer'. Cancer of the lung is largely preventable. How little has mankind profited from this knowledge.

It should not be imagined that mortality from other forms of cancer is rising to the same extent—at some sites it is dropping due to improved methods of treatment and a greater readiness of the patient to seek advice early. The introduction of a cervical cytology service is making a contribution to the prevention of one type of cancer. This is at present somewhat limited because of restricted laboratory facilities but, more particularly, because the women most 'at risk' are not coming forward in any number. Mention is also made on p. 21 of the other gynaecological conditions brought to light in course of the cervical smear examination.

An outbreak of food poisoning due to a paratyphoid organism occurred as a result of drinking unpasteurised milk while on holiday. Nineteen persons living in Sheffield are known to have been infected, but reports indicate that nearly 700 cases were notified in the country as a whole.

On p. 8 Dr. Parry describes a small outbreak of typhoid occurring in Sheffield. It was limited to four cases, all living in the same house. In retrospect much of the interest lies in the technicalities of the investigation. At the time, the most urgent consideration was to exclude the possibility that staff or patients at a Sheffield general hospital might have become infected as a result of the admission of an unsuspected case. There was also the human side revealed during our necessarily thorough enquiries—the suspicion among the Jamaicans in the household that the incident might spark off a wave of resentment against coloured immigrants generally. However unfounded these fears, they cast a shadow which may have obscured some link in the chain, for the source case was never identified with certainty.

Whooping cough notifications were quite low, but the disease in immunised children is often very mild and it may well be that a number of cases were not brought to our attention. There is some evidence that current whooping cough vaccines are less effective than in former years, possibly due to some variation in the properties of the prevailing organism. It is important that this matter should be investigated as fully as possible and, if necessary, any modifications effected in the vaccine.

The published results of the measles vaccination trials have been encouraging, but many doctors have genuine doubts about the necessity to immunise children against what is normally a mild disease, particularly if the effect were merely to postpone an attack until later childhood or

adult life. Nevertheless, if it can be shown that large scale measles vaccination prevents recurring outbreaks of measles I believe that this would be a most valuable preventive measure. It is understood that such trials are being planned and the outcome is awaited with interest.

The main development at the family planning clinics was the use of oral contraceptives where this was considered appropriate. The general practitioner is always kept informed where such drugs are provided. A charge was made to cover the full cost of the drugs supplied but this has now been discontinued as a result of Ministry of Health Circular 5/66.

The shortage of public health inspectors continues to be the main staffing problem in the Department. The root of the difficulty is that not enough authorities are playing their part in the training of inspectors and consequently the output of qualified men does not match the overall responsibilities placed upon them. Technical assistants have carried out valuable work, particularly in relation to the enforcement of the Shops, Offices and Railway Premises Act, and it is essential that the best use is made of their increasing experience. The authorised meat inspectors have also played a useful part in releasing public health inspectors from this specialised work. There has been a steady drift of meat inspectors to other authorities, but the losses have been made good through the training scheme.

There have again been difficulties, not so much in the recruitment but in the retention of home helps. It would, however, be quite misleading to give an impression that all services are faced with staff shortages. There have not been any problems in recruiting home nurses or midwives. The health visitor position has been better than for some years, though a steady expansion is necessary if G.P. attachment schemes are to become practicable on any scale. Dr. Roberts clearly saw that the supply of health visitors would always be uncertain while Sheffield remained the only large town without a training course. The fact that a course was not established during his tenure of office was not through lack of persuasive powers or persistence. However, now the tide of events has turned, and I would like to acknowledge my thanks to the Director of Education, the Education Committee, and the Council for the Training of Health Visitors—the first course begins at the College of Technology in September, 1966. It will provide training facilities for the Region and only a limited number of places will be available to Sheffield students.

The social work service has been consolidated under the guidance of the two principal social workers. The Handicapped Persons Service was virtually transformed in the late summer by the appointment of four newly qualified social workers, ample demonstration of the value of accepting

students for practical training. It is unfortunate that there are no professionally trained social workers with the specialist qualification of home teachers of the blind, although one such person is under training. Nor was it possible to augment the staff of psychiatric social workers. There is likely to be great demands on qualified social workers as services extend, and it is fortunate that the Sheffield authority recognise the need to provide a two-year Younghusband course. This was instituted in September, 1965, and has enabled training facilities to be offered to three established members of the Department and a trainee social worker. A further three places will be taken up in September, 1966.

There has been an increasing use of the Social Centre at Psalter Lane, and the Sheffield Club for the Hard of Hearing is now making use of the excellent facilities provided. The 'Tuesday' Club goes from strength to strength and a most beautiful cup, which adorns my office, has been awarded to the club two years running for the best local effort made in 'Club Week'. Most of the credit must go to the lads themselves but without Mr. Hegarty, one of the younger mental welfare officers, their potential would have remained untapped. A similar club (the 'Thursday' Club) has now been established for girls and is at present held at Highfield Special School. Dr. Wright's club at the Manor Clinic continues to provide opportunities for children of problem families.

As Dr. Parker describes on p. 100 an epileptic group was established for work under the Parks Department and the venture has proved entirely successful. Many of these men are severe epileptics and were put forward by the Ministry of Labour because they had failed in open employment.

The preliminary results of the British Tuberculosis Association trial suggest that a pleasanter method of B.C.G. vaccination may be evolved, but follow-up is planned for five years to demonstrate that the duration of immunity is sufficiently longlasting. For the first time B.C.G. vaccination was offered to certain Public Health Department staff and full-time students attending further education establishments. However, most young people brought up in Sheffield have received B.C.G. at school and skin testing shows that no further vaccination is necessary.

On pages 30 and 51 an account is given of the steps being taken in Sheffield on the lines of the advice received from the Ministry of Health. The contact made with families as a result of lists of school children submitted has been most valuable, but it should not be imagined that all long-stay immigrants are contacted under the scheme whereby names are forwarded from the ports of entry. It is well-known that many such immigrants when they land, have often no real idea as to where they are going. A surprisingly

high proportion of those notified as coming to Sheffield addresses are traced, but there are undoubtedly many who eventually drift into the City from other areas. Many M.O.s.H. have suggested that all immigrants from those parts of the world where tuberculosis is common should receive a chest X-ray before leaving their own country. This has been re-echoed more recently by the B.M.A. Working Party on the Medical Examination of Immigrants. Nevertheless there is a danger of over-emphasising the public health aspects of this problem for, in general, providing that they can understand what is expected of them, immigrants are only too anxious to co-operate and avail themselves of our preventive services. Many realise that the victims of an unsuspected infectious case of tuberculosis are usually their own countrymen. In this connection leaflets have been prepared in Urdu, Hindi and Arabic emphasising the need for chest X-ray.

A lesser known, but much more prevalent condition in immigrants, is hookworm. While spread can take place in this country, the main danger arises to the patients themselves through the development of anaemia. Coloured immigrants attending the antenatal clinics are asked to submit faecal specimens with a view to examination for hookworm ova and, as is explained on page 15, cases shown to be infected are referred for appropriate treatment.

There is no more important story than that of clean air but inevitably the improvement is a gradual one as the City is progressively covered by smoke control areas. The plan has been to establish a smoke free belt in the path of the prevailing wind so that some benefit would be enjoyed by even less fortunate areas in that the air would reach them in an unpolluted state. By now over half the area of the City is covered by smoke control and during the year No. 3 (Nether Edge), No. 11 (Heeley), and No. 14 (Park) smoke control orders (covering 16,900 houses) became operative. The No. 16 (Darnall) order was made during the year and this becomes operative from 1st July, 1967. Despite occasional setbacks the improvement in the industrial picture is even greater. It is sometimes argued that, though smoke may be controlled, the output of sulphur dioxide remains as great as ever. The figures given on pp. 124-5 give the lie to this statement, for both smoke and sulphur dioxide figures have been coming down steadily since 1959.

Officers of the Ministry of Agriculture, Fisheries and Food have been most helpful in keeping us abreast of advances in pest control. Fluoroacetamide was introduced in early 1964 as the most efficient means of dealing with the rat population in the sewers, and the results have been most encouraging; the latest tests show that only 36 manholes in built-up areas were infested compared with seven to eight hundred before the new method

was introduced. The time may be approaching when some more systematic control of rats should be undertaken so that whole areas may be rendered 'rat free'—a relative term perhaps—as opposed to the present limited object of control. However, it raises certain fundamental questions as regards responsibility for rodent control and probably cannot be undertaken effectively without amending legislation.

During recent years there has been some augmentation of ambulance staff, designed to improve the service for taking out-patients to hospital and returning them home without undue delays. Even with the closest liaison with the hospitals it is difficult to match appointment times with a convenient and economical system of pick-up from the various areas of the City. Great pride has been taken by the ambulance personnel in their first-aid proficiency but undoubtedly there is need for more advance training along the lines of the Report of the working party on Ambulance Training and Equipment.

During the year an incontinence pad service was introduced, which is proving of considerable benefit. Ministries do not always get thanked for their circulars but here is an excellent example of the part that they can play in drawing attention to new developments and indicating ways in which the service may legally be provided. On the other hand it is not a cheap service and there is a complementary need often arising for the laundering of soiled bed linen—a limited amount of this is carried out at the Domestic Help Training Centre.

The authority has accepted in principle that there should be a night nursing service, but there are a number of practical difficulties and no progress was made during the year. It is hoped, however, that it may soon be possible to employ a number of nursing auxiliaries to remain with seriously ill or dying patients, there being one fully trained nurse on duty who may be contacted from ambulance control by radio-telephone.

The year was blighted by the closure of 120 beds at Fir Vale Infirmary due to shortage of nursing staff. This resulted in great pressure on family doctors and our own domiciliary services. The care of the old and sick is an onerous and growing problem and it would seem that more hospital beds and nursing staff must be found if a reasonable standard of medical care is to be maintained. There are so many variables which may influence the need for hospital care—the adequacy of home nursing and home help services, the availability or willingness of neighbours or relatives to help out, the amount of special housing for the elderly and the number of places in old people's homes. The aim should be immediate admission to hospital where this is medically necessary, followed, wherever possible, by early

discharge as soon as the maximum benefit has been obtained from treatment. Here the domiciliary services, supplemented by any voluntary help possible, must again take over. Dr. K. J. G. Milne, Consultant Geriatrician at Fir Vale Infirmary, has gone to great lengths to ensure that the cases admitted are those needing treatment most urgently, and the regular conferences mentioned on p. 32 have proved invaluable. Yet despite harmonious and close co-operation the problems at times appear almost insurmountable. I do not think the recruitment of nurses to the local authority domiciliary services affects greatly the pool of nurses willing to work in hospital, but it must have some influence, and it behoves us to look very carefully that we are making the best use of our staff. In this connection a work study was carried out during the Autumn and it is hoped that additional nursing auxiliaries may be employed to carry out bathing and other simple duties that encroach on the time of fully trained nurses.

In conclusion I would like to pay tribute to Dr. Llywelyn Roberts, who retired at the end of March, 1965, and to the staff who have given the same loyal services as my predecessor enjoyed. It would be invidious to single out names, and perhaps embarrassing to the individuals concerned. I am, nevertheless, greatly appreciative of the help received. My Deputy, Dr. W. H. Parry, has proved a stimulating influence in the Department and, with Miss Milner, has been largely responsible for editing this Report. Any Chief Officer relies heavily on the wisdom and guidance of his Chairman and support of his Committee—I am indebted to their tolerance and understanding. The 1965 revision of the '10-year plan' for health and welfare services is a reminder that much remains to be achieved. Whatever the obstacles and disappointments, the way ahead is in sight.



Medical Officer of Health

July, 1966

VITAL STATISTICS

“I must complain the cards are ill shuffled till I have a good hand”
Jonathan Swift (Thoughts on Various Subjects)

Population.—The Registrar General’s estimate of the home population of the City for the year 1965 was 488,950, a decrease of nearly 2,000 persons since the 1964 estimate.

Live Births.—Net live births totalled 8,505, giving a birth rate of 17·4 per 1,000 population as against a rate of 17·1 per 1,000 in 1964. The provisional England and Wales rate for 1965 was 18·0. The statement below shows the trend of the birth rate in the City in recent years, also the illegitimacy rates of Sheffield and of England and Wales.

Year	Total Live Births	Birth Rate per 1,000 of population	Illegitimate Live Births	Illegitimacy Rate per 1,000 Live Births	
				Sheffield	England and Wales
1955	6,756	13·5	257	38	45
1956	7,040	14·1	259	37	46
1957	7,519	15·1	286	38	46
1958	7,656	15·3	339	44	49
1959	7,709	15·4	377	49	51
1960	7,829	15·7	401	51	54
1961	8,157	16·5	434	53	59
1962	8,612	17·4	546	63	66
1963	8,396	17·0	559	67	69
1964	8,400	17·1	622	74	72
Average 1955-64	7,807	15·7	408	51	56
1965	8,505	17·4	683	80	not available

Stillbirths.—After allowing for inward and outward transfers, stillbirths in the City numbered 129 producing a stillbirth rate of 14·9 per 1,000 total (live and still) births as compared with a rate of 15·8 per 1,000 in 1964.

Infant Mortality.—Deaths of infants under one year numbered 158, the infant mortality rate per 1,000 live births being 18·6. In 1964 the rate was 17·5 per 1,000 live births. Fluctuations in the infant mortality rate, both for legitimate and illegitimate births are shown below for Sheffield and for England & Wales for the years 1956-1965.

**Infant Mortality, Sheffield and England and Wales, 10 years
1956 to 1965**

Year	<i>Legitimate Infants</i>	<i>Illegitimate Infants</i>	<i>All Infants</i>	
	<i>Rate per 1,000 legitimate live births</i>	<i>Rate per 1,000 illegitimate live births</i>	<i>Rate per 1,000 live births</i>	
			<i>Sheffield</i>	<i>England and Wales</i>
1956	23	31	24	24
1957	20	35	21	23
1958	21	30	21	23
1959	17	24	17	22
1960	20	25	20	22
1961	23	23	23	21
1962	20	29	20	21
1963	22	23	22	21
1964	17	29	18	20
1965	18	31	19	19

Neonatal Mortality.—There were 116 deaths of infants in the first four weeks of life giving a neonatal mortality rate of 13·6 per 1,000 live births. The 1964 rate was 12·6 per 1,000.

Perinatal Mortality.—Stillbirths and deaths of infants under one week numbered 231 resulting in a perinatal mortality rate of 26·8 per 1,000 total (live and still births). The rate for 1964 was 26·0.

Maternal Deaths.—No maternal deaths were registered during the year.

Deaths.—There were 6,727 deaths registered in the City during the year and after adjustments for inward and outward transfers the net total of deaths was 5,929. The death rate from all causes was 12·1 per 1,000 population as against the rate of 12·3 in 1964. Of the total net deaths 68·3% were of persons aged 65 years and over.

The provisional England and Wales death rate for 1965 was 11·5.

Deaths of Sheffield residents by age groups for the decade 1956-1965 are shown below:—

Deaths by Separate Age Groups, 1956-1965

<i>Age</i>	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Under one year	166	155	160	131	156	191	174	185	147	158
1 — 4	27	24	22	28	12	23	27	46	24	27
5 — 14	20	32	30	24	22	23	30	30	18	17
15 — 24	39	26	41	31	33	44	45	48	57	40
25 — 44	227	238	228	216	201	228	235	220	214	192
45 — 64	1,404	1,561	1,406	1,488	1,450	1,598	1,604	1,529	1,554	1,447
65 — 74	1,648	1,626	1,627	1,600	1,553	1,757	1,659	1,660	1,617	1,631
75 and over	2,321	2,123	2,351	2,342	2,383	2,613	2,508	2,538	2,384	2,417
TOTALS	5,852	5,785	5,865	5,860	5,810	6,477	6,282	6,256	6,015	5,929

Causes of Death.—Deaths of Sheffield residents classified according to disease, sex and age periods are given in the appendix, page 136.

Marriages.—During the year there were 4,155 marriages, the marriage rate (or persons married per 1,000 population) being 17·0 compared with 15·9 in 1964.

Cremations.—The City Road Crematorium carried out 3,883 cremations during the year and in each case the documents were examined by the Medical Officer of Health or his Deputy who are accepted as referees for this purpose.

Medical Examinations.—The Department was again responsible for the medical examination of certain Corporation staff for sickness and superannuation purposes. Examinations, which totalled 3,062 (2·6% more than in 1964) were undertaken for all Departments except Education, Police and Fire Brigade. Of those examined, 1,541 or 50·3% were members of the Transport Department.

Notification of Infectious Disease.—The number of cases of each of the notifiable infectious diseases in age groups is shown in the table which follows.

Cases of Infectious and other notifiable Disease during the year 1965
classified under age periods

NOTIFIABLE DISEASE	Number of Cases Notified								
	At Specified Age Periods								At all Ages
	Under 1 Year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and up- wards	
Smallpox	—	—	—	—	—	—	—	—	—
Measles	213	2,790	1,592	14	2	3	—	—	4,614
Whooping cough	22	111	63	—	2	—	—	—	198
Scarlet fever	—	146	280	18	3	—	—	—	447
Diphtheria	—	—	—	—	—	—	—	—	—
Typhoid fever	—	3	—	—	1	—	—	—	4
Paratyphoid	1	2	3	7	3	—	4	—	20
Puerperal pyrexia	—	—	—	15	19	4	—	—	38
Erysipelas	—	—	—	1	2	2	9	6	20
Meningococcal infection	3	—	1	1	—	1	—	—	6
Acute poliomyelitis—									
Paralytic	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—
Ophthalmia									
neonatorum	3	—	—	—	—	—	—	—	3
Pneumonia	14	35	17	12	13	18	80	128	317
Malaria	—	—	—	1	—	—	—	—	1
Dysentery	15	93	88	14	23	9	8	2	252
Acute encephalitis—									
Infective	—	—	—	—	—	—	—	—	—
Post-infectious	—	1	1	—	—	—	—	—	2
Food poisoning	2	6	—	6	3	2	2	1	22
Tuberculosis of									
respiratory system	—	3	—	19	28	31	72	21	174
Other forms of									
tuberculosis	—	—	2	5	6	5	6	6	30
Acute rheumatism	—	—	6	1	—	—	—	—	7
TOTALS	273	3,190	2,053	114	105	75	181	164	6,155

Measles.—Notifications numbered 4,614 during the year, the peak being reached in February when 1,178 cases were notified. No deaths were recorded from this cause.

Scarlet Fever.—There was an increase in the number of cases notified during the year, these totalling 447 as against 381 notifications in 1964.

Diphtheria.—Again, no cases were notified during the year.

Whooping Cough.—The 198 cases notified in 1965 were slightly lower than in 1964. There were no deaths.

Smallpox.—No cases of smallpox have been notified in the City since 1947.

Typhoid Fever.—Four cases, one adult and three children, all living in the same house were notified during the year. All recovered. A more detailed account of these cases is given on page 8.

Paratyphoid Fever.—An outbreak (*Salm. paratyphi B*, phage type 3b, var. 6) occurred during the Summer, eighteen cases being notified in August and one case in September. The seventeen primary cases had stayed on holiday in Blackpool where contaminated raw milk was consumed. Two secondary cases followed in a household of eight persons, two of whom were primary cases. Eighteen cases were admitted to hospital; one stayed at home. Early detection and isolation prevented the spread of infection.

Later in the year an isolated case occurred, that of a male, aged 21 years. This is an interesting case, in that he contracted and was treated for paratyphoid fever in 1947 at the age of three years. He subsequently developed osteomyelitis in the left foot and over the years he had several operations. He was admitted to a Sheffield general hospital on the 16th December, 1965 for a further operation to drain an abscess on the bone. Culture of pus from this wound grew *Salm. paratyphi B*, phage type 1. He was transferred to the infectious diseases hospital where he made a good recovery following treatment.

Enteritis and Diarrhoea under two years of age.—Six deaths were registered from this cause, the mortality rate stated per 1,000 live births being 0·71 as compared with 1·07 in 1964.

Dysentery.—Notified cases totalled 252, a marked decrease from the 1964 figure of 391 cases. All were of the Sonne type.

Food Poisoning.—No outbreaks occurred during the year, but 22 isolated cases, mostly *Salm. typhi-murium* were notified.

Meningococcal Infection.—Two adults and four children were notified as suffering from meningococcal infection and all cases were confirmed. There were no deaths.

Acute Poliomyelitis.—For the third year no cases were notified, but one death was registered during the year. This was of a girl aged 16 years, who had contracted the disease in 1951 and had developed respiratory paralysis.

Acute Encephalitis.—No cases were notified during the year.

Post Infectious Encephalitis.—There were two cases during the year, one following measles, the other following chickenpox. Both recovered.

Malaria.—One case, contracted abroad, was notified during the year.

Influenza.—Only three deaths from influenza were registered during the year. In 1964, there were 13 deaths producing a mortality rate of 0·026 per 1,000 population.

Pneumonia.—Notifications of pneumonia numbered 317 giving an incidence rate of 0·65 compared with 0·80 in 1964. A total of 222 persons—116 males and 106 females died from this cause, the mortality rate being 0·45 as against 0·55 per 1,000 population in the previous year.

Bronchitis.—Deaths from bronchitis, which had shown a steady increase since 1959, but declined slightly in 1964, again declined to 452, the mortality rate being 0·92 compared with 1·00 in 1964. Figures given below show the number of deaths of Sheffield residents during the years 1955-1964, also the death rates per 1,000 population for Sheffield and for England and Wales.

<i>Year</i>	<i>Number of Deaths</i>			<i>Rate per thousand population</i>	
	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>Sheffield</i>	<i>England and Wales</i>
1955	282	126	408	0·814	0·652
1956	262	120	382	0·766	0·670
1957	294	109	403	0·808	0·603
1958	305	111	416	0·834	0·652
1959	288	114	402	0·805	0·640
1960	339	99	438	0·877	0·579
1961	316	156	472	0·954	0·679
1962	360	140	500	1·009	0·713
1963	379	130	509	1·027	0·751
1964	357	134	491	1·000	not available

Tuberculosis.—There were 174 primary notifications of tuberculosis of the respiratory system, the incidence rate per 1,000 population being 0·36. In 1964, the incidence rate was 0·44. Six cases, other than by primary notification were brought to the notice of the Chest Clinic.

Notifications of other forms of tuberculosis numbered 30, giving an incidence rate of 0·06 the same as in 1964.

Deaths from tuberculosis of the respiratory system numbered 23, of which 19 were males and four were females. The mortality rate per 1,000 population was 0·047 compared with 0·081 in 1964 and an average rate of 0·092 for the five years 1960-1964. The provisional England and Wales rate for the year was 0·042 per 1,000 population.

There were five deaths from other forms of tuberculosis.

Death rates from tubercular diseases per 1,000 population are shown below for Sheffield and for England and Wales in the decade 1956-1965.

Death Rates per thousand population from Tuberculosis, ten years, 1956 to 1965

Year	Respiratory System		Other Forms		All Forms	
	Sheffield	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales
1956	0·184	0·109	0·020	0·012	0·204	0·120
1957	0·144	0·095	0·022	0·012	0·166	0·107
1958	0·110	0·089	0·004	0·011	0·114	0·099
1959	0·126	0·077	0·006	0·008	0·132	0·085
1960	0·108	0·068	0·002	0·007	0·110	0·075
1961	0·085	0·065	0·006	0·007	0·091	0·072
1962	0·111	0·059	0·012	0·007	0·123	0·066
1963	0·073	0·056	0·012	0·007	0·085	0·063
1964	0·081	0·047	0·004	0·006	0·085	0·053
1965	0·047	0·042	0·010	0·006	0·057	0·048

Acute Rheumatism.—Cases of acute rheumatism which first became notifiable for children under 16 years of age in selected areas (including Sheffield) in 1947, numbered seven during the year.

Cancer.—During 1965, there were 1,209 deaths, of which 679 were males and 530 females. The total death rate from all forms of cancer was 2·472 per 1,000 population, comparing with 2·432 in 1964.

Cancer of the lung and bronchus accounted for 340 deaths, producing a mortality rate of 0·695 per 1,000 population. The death rate of the City is consistently higher than that of the country as a whole and comparisons of the years 1956-1965 follow:—

Cancer of the Lung, Bronchus

Year						Number of Deaths	Rate per one thousand population	
						Sheffield	Sheffield	England and Wales
1956	...	...	...	...	...	267	0·535	0·407
1957	...	...	...	...	...	258	0·517	0·426
1958	...	...	...	...	...	282	0·565	0·439
1959	...	...	...	...	...	286	0·573	0·464
1960	...	...	...	...	...	280	0·560	0·481
1961	...	...	...	...	...	325	0·657	0·494
1962	...	...	...	...	...	326	0·658	0·510
1963	...	...	...	...	...	303	0·611	0·519
1964	...	...	...	...	...	313	0·637	0·535
1965	...	...	...	...	...	340	0·695	0·553

The numbers of deaths under the detailed sub-headings of cancer classified according to sex and in age periods, are given in the appendix, page 136.

Below are given details of deaths of Sheffield residents from all forms of cancer in the period 1960-1965 and a comparison of the Sheffield death rate with that of England and Wales.

Cancer Mortality of Sheffield and of England and Wales for the year 1965 and the previous five years

Year	Deaths of Sheffield Residents			Death Rate per 1,000 of the population	
	Males	Females	Total	Sheffield	England and Wales
1960	624	486	1,110	2·22	2·19
1961	741	502	1,243	2·51	2·19
1962	692	537	1,229	2·48	2·20
1963	652	554	1,206	2·43	2·20
1964	703	491	1,194	2·43	2·21
5 yrs' av'ge (1960-64)	682	514	1,196	2·41	2·20
1965	679	530	1,209	2·47	2·23 p.

p.—provisional

TYPHOID FEVER

By WILFRID H. PARRY, M.D., D.P.H., D.T.M. and H.
Deputy Medical Officer of Health.

"And the cause which I knew not I searched out"

—Job xxix, 16

Four cases of typhoid fever (phage type E1) occurred in one Jamaican household in Sheffield in 1965.

Three cases of typhoid were reported to the Health Department over the Whit-holiday period. The first, a male infant aged 12 months, became unwell on the 21st May with vomiting and symptoms of bronchitis; there was no diarrhoea. He was admitted to Lodge Moor Hospital 10 days later. Subsequently *Salm. typhi* were isolated from his stools. His brother, aged three, developed a temperature on the 2nd June, being admitted to hospital as a precautionary measure (3rd June). *Salm. typhi* were isolated from his stools. A three year old girl, from the same house, with a recent history of mild fever (31st May) was likewise admitted to hospital (3rd June); *Salm. typhi* were isolated from her stools. All three children were born in the United Kingdom of coloured immigrant parents.

The infected house was one in multiple occupation—three families (six adults, five children) and four single men. All but two were Jamaicans. All shared a communal kitchen and bathroom.

Stool testing now revealed a fourth case: a single adult male Jamaican (aged 34 years and four years in the U.K.). He was admitted to hospital (8th June). His recent medical history was of importance. He had been admitted with a diagnosis of acute priapism to a surgical ward of a Sheffield general hospital (30th April—29th May, 1965). During the first week his temperature fluctuated from 101°F. (pulse rate 120) to 102°F. (pulse rate 140). A doubtful splenic enlargement was recorded on the 4/5th May, and clinical chest signs indicated a middle lobe pneumonia, confirmed by chest X-ray. The white cell count was between 10,000—13,000, but no differential count was done. Blood W.R. was negative, but no blood cultures or typhoid agglutination tests were carried out. A urine was sterile on admission, but faeces were not examined. Treatment for priapism and pneumonia consisted of anti coagulants and penicillin.

On reflection, it would seem likely that he had clinical typhoid during his stay in hospital and chronologically could have been the first case. He had not been barrier-nursed but treated in an open ward, so it was imperative to ensure that cross-infection had not occurred amongst patients and staff. That this was not so, was due in no small measure to excellent hygienic ward procedure; nevertheless extensive bacteriological testing was nec-

essary. In two weeks, 230 close hospital, household and occupational contacts were traced, interviewed and examined, all with negative bacteriological results. Two suspects came to our notice:—

(i) A 40 year old male Jamaican (3 years in the U.K.), a regular visitor to the house, gave a five year history of chronic cholecystitis with an earlier history of ‘obscure fever’ in Jamaica at the age of eight. He was admitted to hospital for observation and investigation (10th June).

Repeated stool and urine examination over a six week period were negative. A Widal and Vi agglutination test (12th June) was slightly suspicious—

Typhoid Vi	1 : 20
H	1 : 30
O	1 : 120
BO	1 : 120

A cholecystogram showed no pathology, and bile from a duodenal intubation was sterile.

(ii) The mother (aged 33 and 5 years in the U.K.) of the three year old female case—her Vi test was +1 : 40, whereas her husband’s result was normal (less than 1 : 5 Vi). Repeated stool and urine tests were negative. Her repeated blood Vi and agglutination tests are of interest—

	13-6-65	16-6-65	26-6-65
Typhoid Vi	+ 1 : 40	< 1 : 5	< 1 : 5
H	+ 1 : 120	+ 1 : 240	+ 1 : 120
O	+ 1 : 120	< 1 : 30	< 1 : 30

Despite this first high Vi result, she gave no history suggestive of recent typhoid infection but her reluctant co-operation undermined reliance in her negative answers.

The interpretation of Widal results in coloured immigrants recently arrived from typhoid hyper-endemic areas was a problem in investigating this small outbreak.

Widal and Vi agglutination tests were carried out on the nine adult house contacts. Five were within limits which would have been considered normal for Europeans (i.e. less than 1 : 10 Vi).

As mentioned above one case was strongly positive. However, the results of tests on three male Jamaicans, originally considered to be suspicious (+1 : 10 Vi) were probably without significance.

In the following seven months (June-Dec., 1965), a total of 105 Moore’s sewer swabs were sited in either drains from this house (26) or those in other likely sites (79) in an attempt to exclude a possible intermittent excretor. Swabs were left in place for a week before removal. All were negative for typhoid, but six *Salm. reading* isolations were made which led to the identification nearby of a case of *Salm. reading*

(Maternity and Child Welfare)

*"Baby said
When she smelt the rose
'Oh! what a pity
I've only one nose' "*

Compared with the situation of fifty or sixty years ago, there is no doubt that the present day health of mothers and young children represents a considerable achievement on the part of all branches of medicine. But so long as there remains preventable sickness or death amongst mothers and children, the search for new methods of preserving health must go on. Where maternal and child welfare is concerned, this search extends to all aspects of life, health being interpreted not only in physical terms but in all aspects of mental, emotional and social well-being.

The following table shows the number of births taking place in hospital, nursing home and at home. A proportion of the total notified births relates to cases where the mother normally resided outside the City, but was delivered within the City boundary. Details relating to Sheffield women only are given.

10

Where Sheffield patients are concerned, 66·5% of the confinements took place in hospital, an increase of almost 3% over the preceding year. More hospital beds have been made available by the extended use of the early discharge system (see p. 25) but in spite of this the demand for hospital beds still exceeds supply. The following table shows the relationship between requests regarding place of confinements made by patients attending the local authority clinics and the actual allocation of bookings.

Number of patients attending for first time	...	...	...	...	4,157
Number requesting hospital confinement	...	...	...	...	2,960
Number allocated hospital bed	...	...	...	...	2,335
Number booked for home confinement	...	...	...	...	625
Number requesting home confinement	...	...	...	...	757
Number booked for home confinement	...	...	...	...	587
Number allocated hospital bed	...	...	...	...	170
Other arrangements	...	...	...	...	440
Left the City	...	...	...	...	116
Booked to nursing home	...	...	...	...	6
Booked to Jessop Hospital	...	...	...	...	35
Booked to Hallamshire Maternity Home	...	...	...	...	61
Miscarried or not pregnant	...	...	...	...	221
Unable to trace	...	...	...	...	1

In addition, 2,073 patients who had not attended the clinic, but whose own doctor was giving antenatal care, were allocated a midwife for home confinement.

Of the 3,717 new patients requesting arrangements to be made, 2,960 (80%) would have liked a hospital confinement, but of this number (2,960) only 2,335 (70%) could be given a bed. Selection on social grounds is often a difficult problem because so many factors have to be taken into consideration, of which lack of adequate accommodation is only one. Improved housing conditions have resulted in more families having their own homes, but this in its turn sometimes presents new problems such as families living as isolated units away from relatives who might help. Present day methods in industry frequently mean husbands working on shifts or away from home for periods of time ; this too, is the era of the ‘working grandmother’ whose traditional presence at a home confinement can no longer be relied upon. Situations such as these may mean that even with a suitable home and the facilities of the Home Help Service, a hospital confinement is the only satisfactory arrangement.

170 (22·5%) of the 757 patients wishing home confinement were persuaded to accept a hospital bed for medical reasons. This is three times the corresponding percentage for the previous year, and probably some of this increase can be attributed to the attraction of the possibility of early discharge from hospital.

Antenatal Clinics.—In the administration of the maternity services there were three principal clinics at the end of 1965—Orchard Place, Firth Park and Manor centres; in addition antenatal sessions were held at 16 subsidiary centres. During 1965, a total of 2,856 sessions was held. The type of antenatal clinic falls into two categories:—

- (i) Those conducted by the clinic doctor, at which there were 41,268 attendances, dealing with hospital booked cases and domiciliary cases to be attended by a midwife only.
- (ii) Those conducted by midwives alone, at which there were 2,973 attendances, consisting of domiciliary cases where the family doctor had been booked for confinement, reference when necessary being direct to the general practitioner.

The following is a survey of 4,183 patients who were confined during the year 1965 and who attended the local authority clinics; 2,667 patients were confined in hospital, 983 were delivered at home, 57 were delivered in the Hallamshire Maternity Home and 5 in a private nursing home. In addition there were 136 miscarriages, 141 patients left the City before confinement and 194 were not pregnant.

The confinements which include 22 sets of twins, resulted in 3,690 live births and 54 stillbirths.

Details of the deliveries are as follows:—

City General Hospital—1,162 patients. There were 1,153 live births and 23 stillbirths with 14 sets of twins (603 males and 513 females). 188 patients were booked for home delivery but were referred to the City General Hospital later in pregnancy on account of some abnormality and these were delivered in hospital. 35 patients booked to the Nether Edge Hospital were delivered in the City General Hospital. 23 babies died under the age of one month.

Nether Edge Hospital—1,261 patients. There were 1,260 live births and 16 stillbirths with 15 sets of twins (654 males and 622 females). Death occurred in 13 babies under the age of one month.

Jessop Hospital for Women—244 patients. There were 237 live births and 10 stillbirths with 3 sets of twins (131 males and 116 females). Of the above, 62 patients booked to Nether Edge Hospital were later transferred to the Jessop Hospital for delivery. Two patients were previously booked to the City General Hospital, 7 to the Hallamshire Maternity Home and 114 had booked a home confinement. 59 patients were booked to Jessop Hospital before arrangements were made by the clinic. Death occurred in 4 babies under the age of one month.

Hallamshire Maternity Home—57 patients. There were 57 live births (28 males and 29 females).

Home Deliveries—983 patients who attended local authority antenatal clinics were booked to midwives and were delivered at home. There were 978 live births and 5 stillbirths (527 males and 456 females). Death occurred in one baby under the age of one month.

Private Nursing Home—Five patients were delivered in a nursing home. There were five live births (three males and two females).

Antenatal Care.—Every expectant mother attending a local authority clinic is examined by a doctor with a view to assessing her general medical and obstetrical health. From time to time laboratory tests are required before a firm decision can be made as to whether the woman is pregnant or not; during 1965, 177 such tests were carried out.

Chest Examination.—It is not the general policy to refer all cases for a chest X-ray especially if they are in the first four months of pregnancy ; each case is assessed on its merit whether or not a chest X-ray should be taken. During 1965, 256 cases came to our notice in which there was a history of tuberculosis in the patient herself, or in the family or in close contacts. Arrangements were made for such cases to attend the Chest Clinic for examination and discussion regarding B.C.G. vaccination for the coming baby. No cases of active tuberculosis were found.

Blood Examination.—It is important that in the case of every expectant mother, information should be available regarding her blood group and rhesus factor, any evidence of venereal infection, and whether or not she is anaemic. Relevant blood samples are obtained from every patient attending the clinics, and the general practitioners also refer for this purpose, patients booked for home confinement under their care. During 1965, samples were examined from the following number of patients:—

Grouping and rhesus factor	...	...	...	...	...	...	3,074
Wasserman, Kahn, etc.	...	...	...	...	...	...	4,894
Haemoglobin	...	...	...	...	...	...	8,273

Rhesus Factor.—A knowledge of the rhesus factor is essential both from the aspect of enabling the mother to receive compatible blood should transfusion be needed, and also of being able to predict from the presence of antibodies in the blood, whether the baby is likely to suffer from haemolytic disease of the newborn. This is a condition which gives rise to varying degrees of anaemia, jaundice and possible later disabilities in the child. Where antibodies are known to be present, hospital confinement is necessary, special vigilance is maintained during pregnancy and at the time of birth, so that if needed, appropriate treatment for the baby can be instituted without delay. The number of women attending the local authority

clinics for blood tests and found to have rhesus antibodies numbered 38. One proved not to be pregnant, one had a miscarriage and two left the district.

In the majority of these cases, labour was induced at 36-38 weeks, the optimum time being when the size of the baby is thought reasonable for a good chance of survival and before the concentration of rhesus antibodies becomes dangerous. 33 babies were born alive, and there was one stillbirth in a very severely affected baby.

Of the 33 babies born alive, 28 were affected to a greater or lesser degree; 17 of these needed exchange transfusion, the remainder being kept under observation. One baby died a few hours following an exchange transfusion but death was found to be due to pulmonary atelectasis.

ABO Factors.—During 1965, more detailed investigations were carried out to determine whether any additional factors in the blood of Group O mothers were likely to give rise to abnormal conditions in the baby. Although the degree of anaemia and jaundice in such cases is not usually of a severity comparable with that caused by Rhesus incompatibility, it is considered advisable for the baby to be born in hospital, so that close observation can be kept for the first few days of life. In 54 Group O women attending the local authority clinics, some reaction in the baby was thought to be probable and 49 of these patients were booked for hospital delivery (2 miscarried, 2 preferred home delivery and 1 left the district). One baby was stillborn for causes other than blood incompatibility. Of the 48 live babies, 35 were not clinically affected, 12 presented signs of mild haemolytic disease and one was affected so severely that it died following an exchange transfusion.

Tests for Venereal Disease.—During 1965, 4,894 specimens were examined at the Public Health Laboratory for evidence of venereal disease, and as a result of these tests, 25 patients were found to have evidence of infection and were referred to the Special Clinic for treatment. Of these, 18 were women already known to have had an infection in the past and they were given supplementary treatment; seven were new cases in the sense that there was no record of a previous blood test or one that showed a positive result. 21 patients were suffering from acquired syphilis or yaws; one had congenital syphilis; there were three cases of gonococcal infection. Of the total number of patients 20 were West Indians and the remaining five were European. One patient left the district. The other 24 pregnancies resulted in live babies, all of whom would attend the Special Clinic with their mothers a few weeks after birth, when further tests on the child and mother would be carried out.

Haemoglobin Estimations.—The haemoglobin estimation, showing whether or not a person is anaemic, is one index of the general health and nutrition of the antenatal patient. It is important that any anaemia should be corrected from an early stage in the pregnancy, with resulting benefit not only to the patient herself, but with a reduction in the risk of possible complications which could also adversely affect the vitality of the baby. On first attendance, 55 patients were found to have a severe degree of anaemia (haemoglobin 60% and below) and 141 others a moderately severe degree (haemoglobin 70% and below).

In addition all patients are advised that the haemoglobin estimation should be repeated about the 28th-30th week of pregnancy to make sure that no anaemia has developed during the pregnancy itself. A few cases of anaemia who fail to respond to iron therapy, require special investigation. These cases are mainly due to a deficiency of folic acid, which gives rise to a characteristic form of anaemia (megaloblastic) recognisable by laboratory methods, and which respond well to treatment with folic acid in addition to iron ; there were 15 such cases amongst the clinic patients in 1965.

It is known that a cause of serious anaemia in coloured immigrant women is hookworm infestation. A survey was commenced in October, 1965 whereby specimens of faeces from coloured immigrant women attending the local authority antenatal clinics were examined for parasites. Recent research has shown that hookworm anaemia cannot adequately be treated unless the underlying helminth infestation is dealt with. Patients found to have such an infestation were referred for treatment either to their own doctor or to the hospital to which they were booked. Out of 23 faecal specimens examined five showed evidence of hookworm disease; two of the patients had a serious anaemia, their haemoglobin being less than 60%.

Other Tests.—The Public Health Laboratory also carried out further miscellaneous tests such as:—

Vaginal and cervical swabs	...	...	...	...	...	...	423
Cervical and urethral smears	...	...	...	...	...	...	158
Urine examination	...	...	...	...	...	...	186

Dental Treatment.—Under arrangements made between the Health and Education Committees, 43 patients received dental treatment at the school dental clinic.

Extra-Marital Pregnancies.—Patients with extra-marital and pre-marital pregnancies present one of the constantly recurring problems in the antenatal clinics. During 1965, 503 patients were unmarried when they

attended the antenatal clinic for the first time. In addition, 67 married women, all of whom were separated from their husbands also attended. The patients fell into the following age groups:—

14 years	...	...	...	...	4
15 years	...	...	...	...	10
16 years	...	...	...	...	39
17 years	...	...	...	...	46
18 to 21 years	...	...	...	...	245
Over 21 years	...	...	...	...	226
TOTAL					570

At the time of first attendance, 139 patients were living at home, 409 in rooms and 22 came from the Remand Home, the Approved School or the House of Help.

The nature and extent of the individual problem varied a great deal. 42 girls came from outside Sheffield, 32 returning home before the confinement was due. 57 patients (10 %) were West Indians and for the majority of these patients few problems existed, as the pregnancy was the outcome of a relationship recognised as traditional within their own culture. 79 women were co-habiting, for the time being at least, with the father of the child. In many other cases the pregnancy was the outcome of a ‘steady’ relationship, the couple already having had every intention of getting married and the date of the marriage had often been fixed by the time the girl came up to the clinic. 154 girls (27 %) married soon after they became pregnant, including 13 of the sixteen year old and 21 of the seventeen year old girls, whilst a further 35 expected to be married sometime before the baby arrived. Many of the remaining 245 patients however did present difficult problems from several aspects—financial, housing, lack of work, interruption of a career, lack of support from relatives or friends in addition to varying degrees of emotional upset about the situation itself and the future of the baby. Help can be offered in a material way by attempting to provide a hospital bed for delivery, and in the provision of accommodation before and after delivery, especially for girls in the younger age groups where a higher risk to the baby may be expected, in one of the Mother and Baby Homes run either by the local authority or by a religious organisation. During 1965, 33 expectant mothers had some period of residence in the Mother and Baby Home, and admissions were also arranged to St. Agatha’s Church of England Hostel, Broomgrove Road, and St. Margaret’s Roman Catholic Maternity Home, Leeds. Equally important—perhaps even more so—is the way in which social and emotional problems are handled, especially the extremely difficult question of the

future of the baby. During and immediately after the pregnancy it is often necessary to give a great deal of support to the girl and frequently to her family also, to enable her to try to come to some fairly objective assessment of her situation, which would lead to the most satisfactory outcome for herself and the baby. In situations like this, the co-operation of health visitor, staff of the Mother and Baby Homes, social workers from the Moral Welfare Council, the Children's Department, Probation Service and Adoption Society, has been invaluable.

Outcome of Pregnancy.—In 1965, 3,712 confinements in patients who had attended the local authority clinics for antenatal care resulted in 3,690 live births and 54 stillbirths; there were 32 sets of twins. Of the 3,690 live births, 41 died within the first four weeks of life, 39 of these within the first week.

All stillbirths and deaths during the first week of life are now classified as perinatal deaths, as it is recognised that comparable causes are operating in both groups.

There were 93 perinatal deaths in 3,744 live and stillbirths among patients attending local authority clinics, and the following table shows an analysis of the causes:—

<i>Cause</i>	<i>Number of Stillbirths</i>	<i>Number of deaths under one week</i>	<i>Perinatal Deaths</i>
Twins	2	5	7
Foetal abnormality	7	6	13
Maternal toxæmia	3	1	4
Ante-partum hæmorrhage	11	2	13
Placental insufficiency	6	1	7
Maternal conditions	2	1	3
Difficulties in labour	8	1	9
Prematurity, no cause known	10	14	24
Mature babies	5 (macerated)	5 (atelectasis)	10
Miscellaneous	—	3	3
	—	—	—
TOTALS	54	39	93
	—	—	—

Foetal abnormalities included nine cases of central nervous system abnormality, two congenital heart lesions and two cases of multiple abnormality. The maternal conditions included an unusually severe case of ABO blood incompatibility. Two deaths occurring during the second, third and fourth weeks of life were due to congenital abnormality and acute respiratory infection.

Maternal Deaths.—There were no maternal deaths during the year.

Postnatal Clinics.—Every effort is made to encourage the mother to attend postnatal clinics after her confinement. Some of the patients delivered in hospital are asked to return there; the general practitioner is

required to examine his patient delivered at home where he has accepted responsibility for providing maternal medical services, the remainder being asked to come to the local authority clinics. The value of postnatal clinics lies in ensuring that the mother has emerged from her pregnancy and confinement in good health, in the correction of any abnormalities found, and in a counselling service for any general problems and anxieties and for advice regarding further pregnancies. In 1965, 1,503 new postnatal patients attended the clinics, and there was an overall attendance of 1,832.

Family Planning Clinics.—Family planning clinics were held at eight centres during 1965, and there were 434 new patients and 1,779 total attendances. Cases were referred mainly from the health visitors, midwives, clinic doctors and hospital obstetricians and recommendations were based on the grounds of a further pregnancy being prejudicial to the general health of the mother. During this year, the oral contraceptive pill has been advised in selected cases as a more suitable alternative to the usual mechanical methods of contraception. The family planning clinics have provided opportunities for valuable and interesting work, as very often they are the means of completing and maintaining a link with the family and can extend beyond the mere mechanics of contraception into a more general counselling and advice clinic.

Child Welfare Clinics.—The present day standards of environmental health, advances in knowledge concerning the newly born baby, and immunisation against infectious disease, have all provided safeguards to the life and health of growing children. It is important that we should not take health for granted and that we should be on the alert for any conditions likely to have an adverse affect on the growing child.

The ordinary child welfare clinics have followed their usual pattern, sessions being held for infant consultations, medical inspection, immunisation and vaccination. During the year, total attendances at the 26 centres reached 71,949; of these 6,830 were new babies and children. As in previous years large quantities of government welfare foods (National Dried Milk 35,378 tins, Cod Liver Oil 7,823 6-oz. bottles, Orange juice 111,697 6-oz. bottles and Vitamin A and D tablets, 12,007 packets of 45 tablets) were issued at the shops attached to the clinics. In addition some proprietary brands of dried milk and nutrients and special iron and vitamin supplements were available when prescribed by the medical or nursing staff.

‘At Risk’ Register and Register of Congenital Abnormalities.—It is essential that physical, mental, social or emotional handicaps are detected and treated as soon as possible in their development so that maximum

benefit can be obtained from new medico-social skills. If the possibility of a handicap can be foreseen such an awareness will enable regular observation to be instituted so that medico-social intervention can be arranged at the most favourable time.

Information regarding children born with congenital abnormalities and children 'at risk' of handicap throughout the City, has been obtained through the co-operation of the hospitals, general practitioners, midwives, health visitors and clinic doctors. Both registers are reviewed at intervals to determine whether all necessary action has been taken. In the compilation and maintenance of such registers, co-ordination is essential of all the services concerned with the total needs of the child, and we feel that during the year advances have been made in this direction as the existence and function of the registers have become more widely recognised.

Details of the cases added to the registers in 1965 are found on page 137.

Many of the babies on both registers have been under hospital supervision from birth. Any child not under supervision by a hospital or the family doctor is kept under observation at the infant welfare clinics or at the clinic for handicapped children conducted by Dr. Parker (page 102).

Deafness.—The health visitors have been instructed by Dr. Swallow of the School Health Service in simple screening tests for deafness which could be carried out either in the child's own home or in the clinic. Possible cases of deafness can be referred for more delicate testing by Dr. Swallow in the auditory clinic. During 1965, 76 such children were referred.

Eye Defects.—Cases of suspected or definite strabismus are referred directly from the child welfare clinics to the ophthalmic department of the Royal Infirmary. In 1965, 68 children were referred.

Phenylketonuria.—Every effort is made by the health visitors to test babies for phenylketonuria between the ages of four to six weeks. In 1965, three suspected cases were referred to the Children's Hospital for further testing, with negative results in each case. Two children with known phenylketonuria, both in the same family, one born in 1965 have come to live in Sheffield from another district and are under hospital supervision.

Preventive Psychiatry.—This service, started in 1961, has continued to function during 1965. We realise that during pregnancy the mother has not only to adapt herself to physical change but also is confronted with changes in attitude and emotions which at times may be confusing and bewildering. It is important that antenatal care should be sufficiently comprehensive to deal with any difficulties in adjustment, which if not resolved, could possibly have some effect on ideal relationships within the family, both before and after the birth of the baby. The ordinary antenatal

clinic does not always give the expectant mother the best opportunity to talk at leisure and for this purpose, the Senior Medical Officer for Social Psychiatry has been available at special sessions at Orchard Place, Firth Park and Manor Centres.

					<i>New Cases</i>	<i>Attendances</i>
Orchard Place	...	...	...	...	86	196
Firth Park	...	...	...	...	34	90
Manor	...	...	...	...	45	175

In the same way it is realised that development in babies and young children is not just a matter of physical and mental growth, but involves social and emotional relationships also. The aim of doctors and health visitors working in the child welfare clinics is to observe all aspects of growth, and as with physical handicaps, to attempt to foresee and prevent if possible the development of behaviour problems and troublesome situations. They are supported by the Senior Medical Officer in Social Psychiatry to whom cases of special difficulty can be referred.

Health Education.—The most modern developments of medicine, and up-to-date clinic facilities cannot fulfill their purpose adequately unless people are ready and willing to take advantage of what is offered. Even with modern methods of communication there still appears to be a very definite place for Health Education centred on clinics. Series of mothercraft classes taken by health visitors and midwives are held throughout the year at several clinic centres; the classes give the opportunity for instruction in the anatomy and physiology of pregnancy and labour, relaxation exercises, diet, care of the baby and for group discussion on the many facets of change which the period of pregnancy presents. During each session one evening is set apart for films and discussion, to which the husbands of patients are also invited. In a similar way, groups of young parents have found interest and value in meeting with each other for talks and discussions at Toddlers Groups and an evening Parents' Group.

Cervical Cytology.—In May 1965, clinics were started at Orchard Place, Manor and Firth Park Centres for the taking of cervical smears, a measure designed to detect changes in the cells of the cervix, which if left unchecked, could possibly lead to malignancy at a later date. It was felt that at the same time an abdominal and pelvic examination should be made and that the breasts should be examined. The clinics were available for well women between the ages of 35 and 60 years (the years of greatest risk for this type of cancer) and appointments could be made either through the family doctor, or by direct application from the woman herself. The clinics were arranged in co-operation with the Cytology Department at the City General Hospital, who not only examined all the tests but gave valuable advice and

assistance in the early stages of the development of the clinics. At the end of 1965, 833 smears had been taken from 794 patients; 146 (18 %) of these patients had the smear taken during the course of a routine postnatal or family planning clinic.

Total number of smears taken:— 833.

Negative smears	...	...	...	...	...	798
Suspicious, not proven positive				...	...	29
Positive smears	...	...	...	...	...	6

Abnormalities found on clinical examination included :

Cervical erosion	...	...	...	...	...	111
Cervical polyp	...	...	...	...	...	25
Uterine fibroids	...	...	...	...	...	14
Ovarian cyst	...	...	...	...	...	5
Vaginal cyst	...	...	...	...	...	1
Double cervix	...	...	...	...	...	1
Breast tumour	...	...	...	...	...	2

All patients with negative results were notified of the results by letter and the general practitioner was sent a full report of the complete findings on examination. When the appearance of the smear was suspicious, but not conclusive of a premalignant condition, further tests were made at intervals specified by the pathologist and these cases will be reviewed at frequent intervals. In three cases, however, the appearances were so doubtful that the patient was referred through her own doctor for consultant opinion without further delay. When a smear result was positive, the general practitioner was notified by telephone followed by the written report. In every instance the general practitioner informed the patient of the result, at the same time making arrangements for further consultation at one of the hospitals.

It is expected that during 1966, the number of clinics will be increased and possibly the age range widened. There would seem to be a need here for a balanced programme of health education, which without raising undue alarm, would indicate the advantages of this examination. We feel that it is particularly desirable that the women most at risk, because of age, social class, or the large size of their family, should be encouraged by every possible means, to make use of the facilities offered.

Deaths in Infants due to Tracheo-bronchitis.—In the early months of 1965 we were concerned about the deaths of 11 young babies who had died from tracheo-bronchitis. The health visitors were asked to visit the homes to obtain some idea of the circumstances of the illness, particularly as to whether any further assistance or advice on our part could possibly have affected the outcome. Information regarding 10 of the babies was obtained.

Sickness varied from a matter of a few hours to two weeks. Apart from this terminal illness, nine children were considered to have been quite normal healthy babies, but in two of them post-mortem revealed the presence of abnormalities which could possibly have been contributory factors. The 10th baby had been struggling along since birth.

In the case of five babies, the advice of the general practitioner had been sought and these children were receiving treatment. In two of these cases, where the general practitioner was regularly attending the child, the condition gradually worsened. In the other three, where the situation appeared to be under control rapid deterioration occurred. Of the other five children, two had symptoms of a mild cold which did not seem to warrant the calling in of the general practitioner, and two had no symptoms whatsoever and death occurred during sleep. The remaining baby was the one whose general progress had not been too satisfactory since birth; but although the doctor had not seen him during the previous three weeks, there was nothing in the child's condition to indicate that death was imminent.

From the health visitors' reports it appears that the acute stage of the illness occurred with very little warning and that all practicable precautions were already being taken.

DAY NURSERIES

There are at present only four day nurseries in Sheffield: Beet Street, Darnall, Firth Park and Meersbrook Park. These continued during the year to provide care for children whose mothers for many reasons need to go out to work. They also provided temporary care for children whose mothers were ill or having another confinement.

The nurseries were open from 7.30 a.m. to 6 p.m. on weekdays, and Beet Street was open on Saturday mornings for children from all the nurseries.

The average daily attendance in 1965 was 118 compared with 125 in 1964.

The ages of the children varied from nine months to five years. Many came from broken homes or were illegitimate but settled well and made good progress under the competent care of trained staff. Each nursery is visited approximately once a month by a doctor, and every child is medically examined.

DENTAL SERVICES

By Mr. E. COPESTAKE

Principal School Dental Officer

“To what happy accident is it that we owe so unexpected a visit?”

Oliver Goldsmith (Vicar of Wakefield).

Three additional full-time and two part-time dental officers and one full-time dental auxiliary were appointed this year. In December a total of nine dental officers and two dental auxiliaries were on the staff; five clinics with a total of nine surgeries were in use and preparations to open two more clinics with three surgeries were in hand.

This has been a moderately successful year so far as recruitment is concerned but more could be done. We know how to do it. The new staff were obtained by providing senior dental officer posts and by the alterations to three surgeries and their re-equipment to a standard high enough to be attractive to any new entrant no matter how critical he proved to be. The opportunity has been provided to set out our stall, and of advertising our intention of making recruits to the service welcome. But what has been offered has been used up. Five new posts for Senior Dental Officers were placed on the establishment. Three of these have been taken up but other posts cannot be filled because surgery accommodation in addition to that already allocated is not available for the employment of more staff. Our resources have been exhausted.

During the early part of the year a National Survey was made of the dental conditions of children aged fifteen. This revealed that in Sheffield nine of every ten children of school leaving age are dentally unfit, one in every fifty was wearing a denture, and only one in five had clean teeth. It would take a full-time dental officer a complete year to make 500 of this age group dentally fit if they were all to have treatment. It is known, that the majority of children in Sheffield are not receiving routine dental treatment. This is why we look forward so much to the introduction of the fluoridation of water supplies in Sheffield. It would afford us considerable relief in reducing the number of decayed teeth in children and the amount of treatment needed. No other method of treating or reducing dental decay is available which is effective or which can be so universally and uniformly applied. One wonders why its introduction has proved to be such a protracted business in this country.

MIDWIFERY

By Miss W. REDHEAD, S.R.N., S.C.M., M.T.D.
Non-Medical Supervisor of Midwives

"I look upon every day to be lost, in which I do not make a new acquaintance."
Boswell (Life of Johnson).

The year 1965 did not bring many changes to the Midwifery Service. There was a slight increase in staff movement and no difficulty was experienced in recruitment. Five midwives left the service, one emigrating to practise midwifery in New Zealand. Seven full-time and two part-time appointments were made so bringing the establishment up to 62 by 31st December, 1965. The staff consisted of the Supervisor of Midwives, two Assistant Supervisors of Midwives, 54 full-time midwives and 10 part-time midwives directly employed by the Council.

In March, 1965, Miss Callis, the Deputy Supervisor of Midwives left on a three months British Commonwealth Nurses War Memorial Scholarship. Her tour began in Paris and continued throughout most countries of Northern Europe terminating in Norway. Whilst in Paris she was able to observe the psychoprophylactic Methods of Childbirth without Pain at the Centre de Santé des Metallurgistes ; this being the hospital in which Ferdinand Lamaze first introduced 'the methods' following his visit to Russia.

During the year (with 1964 figures given in parenthesis for comparison) the midwives attended 2,617 (2,820) confinements, a doctor was booked for 2,330 (89%) (2,515) of these and was present at the time of delivery in 672 (26%) (827) cases. In addition there were 287 (305) cases for which the midwife alone was booked and of these a doctor was called in to assist with the actual delivery in 13 (12) cases.

Weekly midwife antenatal sessions continued to be held at clinics in their area, and there were 2,161 attendances at these sessions.

Following discussions at the Greenhill Health Centre between general practitioners, the Senior Medical Officer (Maternity and Child Welfare) and the Supervisor of Midwives, a plan was formulated to inaugurate a combined general practitioner/midwives antenatal clinic at this centre. By this arrangement the midwife and doctor would see patients together and so avoid duplicating visits for expectant mothers. The plan became operative on the 1st October, 1965 and an assessment of its value will be reported in the 1966 Annual Report.

This type of clinic was made possible by reason of the relatively compact area served by a small partnership of general practitioners and a group of midwives working in the same district. The scheme would not be practicable in larger general practitioner practices where one midwife may take the cases of 10 to 15 general practitioners.

Midwifery Analgesics.—During the year, midwives administered Trilene analgesia and Pethilorfan as follows:—

Of the 672 confinements for which a doctor was booked and was present, Trilene was administered in 575 cases and Pethilorfan in 377 cases.

Of the 1,658 confinements for which a doctor was booked and was not present, Trilene was administered in 1,339 cases and Pethilorfan in 832 cases.

Of the 287 confinements for which the midwife alone was booked, Trilene was administered in 212 cases and Pethilorfan in 116 cases.

Medical Aid Calls.—There were 322 cases in which medical aid was summoned by midwives under Section 14(1) of the Midwives Act 1951, as against 407 in 1964.

Maternity Packs.—Sterilised maternity packs were used throughout the area in all home confinements and a special pack was provided for mothers discharged from hospital before the fifth day of the puerperium.

Disposable equipment in the form of caps, masks, syringes, needles, catheters and gloves is much appreciated by the midwives.

Early Discharge from Hospital.—The supply of hospital beds continues to exceed the demand and, in order to accommodate those expectant mothers who for medical and obstetrical reasons must be confined in hospital, early discharge for selected mothers is necessary. Suitable cases are booked by hospitals for a 48-hour stay and providing the home conditions are favourable they are discharged to the care of the domiciliary midwife.

Midwives visit to assess the suitability or not of the home for early discharge. In 1965 such visits numbered 3,387 compared with 2,368 in 1964. The total number of mothers discharged from hospital before the 10th day in 1965 was 3,619 (an average of 302 per month) compared with 2,852 in 1964. More detailed information is given on page 140.

The following statement gives a summary of visits paid by the midwives during 1964 and 1965:—

	1964	1965
Home visits during antenatal period	14,784	13,565
Nursing visits during 10-28 days after confinement ...	43,344	41,830
Visits to mothers confined in hospital and discharged home before the 10th day	4,536	6,193
Visits to mothers booked by the hospital for delivery and discharged home after 48 hours	4,297	5,116
Visits for the purpose of assessing suitability for home confinements and early discharges	2,368	3,387
TOTALS	<u>69,329</u>	<u>70,091</u>

Relaxation and mothercraft classes continued to be held at various centres throughout the year.

Pupil Midwives.—During the year several meetings were arranged between the Central Midwives Board, the local authority, administrative officers of the Jessop Hospital for Women, the City General and the Nether Edge Hospitals so as to discuss the local authority’s responsibilities when the three aforementioned hospitals are recognised as first and second part S.C.M. certificate training schools for pupil midwives. Plans were finalised by December, 1965 and full account of the new training will be included in the 1966 Report.

In conjunction with the Part 2 training school of Nether Edge Hospital, 21 approved district teaching midwives assisted in the training of 64 pupil midwives. Other sections of the Public Health Department and the Children’s Department assisted in this training.

The Supervisor of Midwives acted as examiner at four Part 2 Central Midwives Board examinations and at two examinations for the Midwife Teachers’ Diploma held at the Central Midwives Board.

Domiciliary Care of Premature Babies.—The need for additional trained staff to provide special care for premature babies became increasingly apparent, particularly during the winter months. One midwife who was already trained in premature baby care wished to work in this field ; a second one volunteered for training and arrangements were made for her to take a course of instruction at the Sorrento Hospital, Birmingham. The service now has four midwives trained in special baby care and is able, in addition to premature babies, to visit and, if necessary, take charge of small babies, who, though not classified as premature, fail for one reason

or another to thrive satisfactorily. For the purpose of international statistics, any baby weighing $5\frac{1}{2}$ lbs. or less, irrespective of the period of gestation is classified as 'premature'.

During 1965, 3,841 visits were made to 252 premature and small babies, an average of approximately 15 visits per baby compared with 1,633 visits to 152 babies in 1964.

HEALTH VISITING

By Miss I. LITTLEWOOD, S.R.N., S.C.M., H.V.Cert.
Superintendent Health Visitor

*"Advice is like snow; the softer it falls the longer
it dwells upon, and the deeper it sinks into, the mind"*

—S. T. Coleridge

In 1965, we were able to maintain the increase in health visiting staff which occurred the previous year. Of six student health visitors previously sponsored for training, one withdrew whilst the remainder successfully completed the course. This improved the staffing position materially and for the first time it has been possible to reduce the case loads of some of the health visitors.

Unfortunately it was only possible to sponsor three new students so that the future remains uncertain.

During the year the two health visitors who were engaged in combined school health and health visiting duties were withdrawn from school health duties. A close liaison is kept between the school nursing staff and health visitors and information is exchanged about social problems and family background in regard to school children. They meet regularly to discuss ways and means of helping the families concerned.

Co-operation with Hospitals.—Eleven health visitors are attached to the various hospitals in the City. These health visitors see the hospital almoner at least once a week to collect information regarding patients who are to be discharged and who will need some form of after-care. They also discuss the suitability of the home for the reception of a person likely to be discharged from hospital. Information is given to the health visitor for the district in which the out-going patient lives, and she arranges for help to be given in respect of beds, bedding and nursing equipment where necessary; she also requests the services of a domestic help if needed; advice is given on diet and other problems. In relation to the Whiteley Wood Psychiatric Clinic, case conferences are held weekly, to discuss any help that may be given, especially to mothers attending the clinic who have young children.

Health visitors attend special children's clinics held at the Jessop Hospital by Professor R. S. Illingworth and at the Children's Hospital by Dr. J. Lorber.

Visits are paid to the homes of hospital out-patients who have defaulted in their attendance, in order to give another appointment and encourage the patients to keep under regular supervision and continue any necessary treatment.

Co-operation with General Practitioners.—There has been continued improvement in co-operation with general practitioners. There now appears to be a greater mutual understanding, and general practitioners are now generally aware of the specialised skills of the health visitor.

Nevertheless, despite improvements during 1965, there is still a great need for closer working together, as well as improved communication and freer interchange of information between all branches of the National Health Service. More thought should be given to increasing opportunity for discussion between general practitioners and the health visiting service. To this end efforts have already been made in certain areas of the City to provide time for discussion and visiting. It is pleasing to report that this is developing satisfactorily.

Other health visitors arrange to meet the general practitioners weekly or fortnightly to discuss problems but the majority of contact is by use of the telephone. Better liaison between general practitioners and health visitors has been reported in those areas where decentralisation of staff has taken place. Both the Firth Park and Manor maternity and child welfare centres have liaison meetings of health visitors, social workers and general practitioners.

In June, 1965, the Ministry of Health recommended local authorities to undertake a detailed work study of the content and methods of the work carried out by their nursing staff with a view to recommending possible alterations which would make better use of their special skills. A detailed work survey covering one week in October was carried out on the Health Visiting, District Nursing and Midwifery Services in the City and a full account will be given in next year's Annual Report.

Co-ordination with Other Bodies.—The Superintendent Health Visitor attends the Moral Welfare Case Committee; either she or her Deputy serve on the Adoption Committee; on the Co-ordinating Committee regarding families with social problems and the Geriatric Liaison Committee held at Firvale Infirmary.

There is also frequent contact with the National Assistance Board, Probation Service, W.V.S., N.S.P.C.C., Council of Social Service, the Social Responsibility Schemes which are expanding in the Sheffield Diocese, Family Service Units, the Children's, Housing and Social Care Departments, and all sections of the Public Health Department, especially Welfare of Handicapped Persons, Social Psychiatry, Public Health Inspectors and Problem Family Social Workers. Close co-operation is maintained and case conferences take place to discuss special families.

Tuberculosis and B.C.G. Vaccination.—The health visitors visit all newly notified cases, arrange for contact examination, follow-up defaulters, arrange social services and keep constant vigilance to ensure all children in direct or indirect contact with a tuberculous household are protected by vaccination. Throughout advice is given to members of these households. One health visitor acts as liaison officer between the Chest Clinic and the local health department. In addition to the day to day contact by telephone a weekly visit is paid to sort out problems and obtain information about the patients. All health visitors have easy access to both chest physicians and case records at the Chest Clinic.

A quarterly liaison meeting is held between the chest physicians, the physician in charge of the Mass Radiography Centre, Dr. Lorber of the Children's Hospital, the Deputy Medical Officer of Health, maternity and child welfare officers, liaison health visitors and the Superintendent Health Visitor. At these meetings, points of interest and policy are discussed.

Health of Immigrants.—Health visitors visit all immigrants entering the City and notified to the Health Department by the appropriate sea and air port authorities who are responsible for checking immigrants entering the United Kingdom. Advice regarding registration with general practitioners, arrangements for their chest X-ray and information about other essential services are given at these visits. Few immigrants have their chests X-rayed at the port of entry, therefore the health visitor makes an appointment for the person to attend the Mass Radiography Centre.

Reference is made in the section dealing with Tuberculosis Control concerning arrangements which were made in 1965 for all immigrant families to be visited by a health visitor and an assistant medical officer for the purpose of skin testing the children and offering B.C.G. vaccination and/or chest X-ray, where appropriate, as well as inviting parents and other immigrants living in the house to have a chest X-ray at the Mass Radiography Centre. Special use was made of leaflets printed in Hindi, Arabic and Urdu which gave instructions on chest X-ray facilities.

Accidents in the Home.—One of the aspects of health in which health education should be able to play a most helpful part is that of safety in the home, especially where there are young children and elderly people. This is part of the work of the health visitors both in the clinics and in their routine visits to young and old. In addition, when reports are received from any of the hospitals of burns, scalds and other home accidents, the health visitors make special visits to the homes of children under five years of age

and of people over 65 years. Enquiries are made into the circumstances of the accidents and advice is given in regard to their prevention and the remedying of any potential hazard.

Welfare of Children.—Efforts have been made by all health visitors to carry out testing for phenylketonuria on as many children as possible. Simple hearing testing of children above the age of six months, particularly children 'at risk', continued during the year. (See page 19).

Complaints regarding unsatisfactory home conditions and reports of neglect are investigated by the health visitors, such families being kept under regular supervision. Co-operation between the health visitors and N.S.P.C.C. inspectors in respect of the families has been invaluable and much information has been exchanged.

Congenital Abnormalities of Children.—Health visitors have visited all the children where information has been received from midwives and hospitals, and completed a questionnaire for the 'Children at Risk Register'. Any child with a suspected abnormality is reported by the health visitor to the Senior Medical Officer (Maternity and Child Welfare).

Care of the Aged.—During the year many requests were again received from various sources for help in connection with people suffering from old age and infirmity; where hospital admission is necessary a report setting out the social difficulties has been sent to the hospital concerned in the hope that some priority admission can be given.

In cases of illness requests for home help and home warden service have been made and 'meals on wheels' service arranged. In many cases, with the co-operation of the general practitioner, it has been possible to arrange for convalescent treatment. At times it has been found necessary to contact relatives in various parts of the country in connection with an old person whose condition has deteriorated.

Considerable help has been received from the National Assistance Board officials in the supply of bedding, clothing, shoes, etc. The health visitors have undertaken to spend grants on behalf of patients who are aged, sick or irresponsible.

Applicants for chiropody are visited by the health visitor who explains the scope of the service (see page 48).

During the year close co-operation between the geriatric unit at the Firvale Infirmary and the Health Department has continued to work satisfactorily. All cases considered fit for discharge are reviewed and home conditions investigated by the health visitors. Where conditions are suitable, the patients are discharged to their own homes on the understanding that efforts will be made to re-admit them if they cannot manage at home

even though all the domiciliary services are supplied, or if deterioration should take place in the general condition of the patient. Cases for admission are also discussed but unfortunately this year, due to the closure of 120 of the geriatric beds at Firvale Infirmary, admissions have been few and far between.

Dr. Milne, Geriatric Consultant, asked if a health visitor could accompany him or his Registrar to visit, in their own homes, patients who were on the waiting list of Firvale. This was arranged and many patients have been visited and assessed as to their priority need for admission.

The Council of Social Service provide wireless sets for the housebound at the request of the health visitors, and they also undertake friendly visiting to old people where the health visitor knows it would be appreciated.

The Social Responsibility Groups in various parts of the City have been very helpful, and have undertaken regular responsibility for old people in relation to obtaining their pensions, shopping and carrying up coal, and have often filled a gap where it was not always possible for a domiciliary service to do this.

Old people and families in need were again helped at Christmas time by the combined efforts of voluntary and local authority services. £43 collected by members of the City Engineer's Department at 'Santa's Forest' was distributed in £1 gifts.

Members of Hallamshire Round Table distributed 100 food parcels and pupils of Myers Grove Comprehensive School 14 parcels.

Seven old people who would otherwise have been alone at Christmas accepted an invitation to spend the Christmas holiday period in the Ear, Nose and Throat ward of the Royal Hospital and enjoyed the hospitality extended to them.

The local authority provided woollen comforts for 182 needy people selected by the health visitors.

Meals on Wheels Service.—Co-operation between the Public Health Department and the voluntary services has been a feature in the scheme for supplying 'meals on wheels' to old and handicapped persons. All applications for the meals are assessed by the health visitor who makes recommendations according to need. A Christmas dinner is supplied to all recipients of the service. This year the Lord Mayor gave a large Australian Christmas pudding to the service for distribution to the people in receipt of meals on wheels. This was one of many puddings given by Australia, some of which had 'golden nuggets' inside. A payment of six guineas would be

given to the recipient on return of this prize. Unfortunately our pudding did not contain a ‘golden nugget’ but, despite this, it was thoroughly enjoyed.

Visitors and Nurses and Students in Training.—Visitors to the Department included medical students, social science students, social workers in other fields, and student nurses who all accompany health visitors on their rounds so as to gain insight into circumstances and conditions of people in their own homes.

The Superintendent Health Visitor lectured at the School of Nursing and arranged observation visits for students to the various centres in the Department. The Deputy Superintendent gave talks to the pre-nursing students at the City General Hospital. A health visitor also took part in a seminar at this hospital. A Centre Superintendent lectured at the Diploma Course organised by the National Association for Mental Health, the School of Nursing, Kenwood Training Centre for N.N.E.B. students, Totley Hall Training College for Housecraft and the College of Domestic Science. Lectures have also been given to students attending the Health Education Centre.

Health Education.—Parentcraft classes have been held regularly at nine clinic centres during the year. The classes are held on one afternoon each week and consist of talks to expectant mothers and also to groups of mothers with young children. Evening sessions to which husbands are also invited are held after each course.

New cases and total attendances at mothercraft classes were as follows:—

<i>Centre</i>				<i>New Cases</i>	<i>Total Attendances</i>
Firth Park	...	...	...	103	591
Manor	...	...	...	135	784
Broadfield	...	...	...	111	525
Broomhill	...	...	...	88	440
Carbrook	...	...	...	45	212
Greenhill	...	...	...	47	312
Hillsborough	...	...	...	75	328
Parson Cross	...	...	...	25	122
Newfield Green	...	...	...	46	204
TOTALS	...	...	...	675	3,518

A Parents’ Club, formed from those whose interest was aroused by attendance at parentcraft lectures has continued to function.

Health visitors have been responsible for talks to Young Wives’ Groups, Men’s and Women’s Guilds, Girls’ Life Brigades, Social Responsibility Groups, teenagers, etc., most of these being given in the evening.

In-Service Training.—A weekly seminar on psychiatry arranged by the Senior Medical Officer (Social Psychiatry) was attended by 10 health visitors throughout the year; four health visitors attended post-certificate courses; two health visitors attended Field Work Instructors Courses; and all the health visitors attended four lectures on methods of health education instruction, arranged by the Health Education Organiser at the Health Education Centre.

The Superintendent Health Visitor attended a three-day conference of the National Association for Maternal and Child Welfare, and later in the year a one-day Health Visitors' Association Conference.

Venereal Disease.—A specialist health visitor was appointed in November, 1964. Her duty involves daily attendance at the Special Clinic to check the register of defaulters, collect information regarding contacts and, weekly, to review cases with the consultant venereologist.

The defaulters fall into two categories: (*a*) those who have not completed their initial treatment yet need urgent follow-up and (*b*) those who have failed to complete their surveillance period despite two routine letters followed by a personal letter from the consultant venereologist.

Contacts.—These are the named sources or contacts of infected persons. All infected persons are issued with contact cards to give to the appropriate persons involved. These contacts need to be dealt with as quickly as possible and it is especially important that staff engaged on this work should have their own transport and be prepared to work in the evenings.

With increasing experience of this work it has been possible to build up knowledge of and relationship with the regular clientele and likely addresses. On occasions a girl learns from someone else who knows her that a visitor has been looking for her even though it is not possible to make direct contact. On these occasions a telephone number is used which will preserve the confidential nature of the enquiry.

When a girl is known to be infected she is often rejected by her consort and is likely to move to another area or city. Where possible detailed information is conveyed to the appropriate authority. Any possible sources or known contacts arriving in Sheffield are invited to attend the clinic for a medical examination. A similar invitation is also given to all members of any group of which a member is known to be infected and where the information has been disclosed by the patient herself or where it has been possible to arrange without betraying the confidential nature of the work. 'Cluster' work of this nature has proved invaluable in breaking infection cycles.

So far, it has not been possible to provide special accommodation at the Special Clinic for this specialist health visitor. Much useful work could be done if an interview room were available where, in a relaxed atmosphere, it would be possible to discuss domestic, social or personal problems with patients. This is not possible when interviews take place on doorsteps, in the street, or in a communal living room.

Maternity and Nursing Homes and Child Minders.—The Superintendent Health Visitor and her Deputy were responsible for the supervision of nursing homes and child-minders. One new nursing home was registered during the year and at the 31st December there were nine nursing homes on the register, providing accommodation for 13 maternity and 167 other cases. Under the Nurseries and Child-Minders Regulation Act, 1948, 20 registrations have been granted for the care of 160 children. These premises were each visited twice during the year.

Other work.—All applications which do not conform to the usual requirements for admission to the day nurseries are dealt with, and the health visitor calls and reports concerning the home circumstances and the need for the admission of the children. Many applications for admission to the nurseries have a related social problem, and, apart from admitting the child, every effort is made to give any other possible help to the family, especially if there is any chance of neglect.

Care of Premature Infants.—In order to obtain information regarding premature babies born in the City, the weight of the baby at birth is reported on the notification of birth form, and the information is passed on to the health visitors so that special attention may be given.

During 1965, 104 premature infants were born alive at home and 513 were born in hospital or nursing home to Sheffield residents, making a total of 617 premature infants as compared with 590 in 1964. Thirteen small or feeble infants were transferred to hospital and 12 of these survived 28 days. The rate of survival of very small immature infants is poor; of the 59 infants weighing 3lbs. 4ozs. or less at birth, only 22 were alive at the end of the 28 day period.

During the year there were 71 premature stillborn babies to Sheffield residents in all weight groups; 65 children were born in hospital and 6 were born at home.

Further information is given on page 142 with regard to the birth weights of premature babies born alive to Sheffield residents during the year, 1965.

Summary.—Details of visits by health visitors during the year are given on page 141.

HOME NURSING

By Miss M. McGONIGLE, S.R.N., S.C.M., H.V.Cert., Q.N.Cert.
Superintendent Home Nursing Service

"When all the medical officers have retired for the night she may be observed alone, with a little lamp in her hand, making her solitary rounds."

Report to "The Times" from Scutari

Equipment.—Early in 1965 the regular use of various items of lightweight and disposable equipment was introduced. Since the 1st April, all injections have been given by pre-packed and sterilised disposable syringes and needles. This has been an important step in that it has abolished the method of sterilisation by boiling the syringe and needle in a saucepan in the patient's home before and after use, an arrangement which was by no means a satisfactory method of sterilisation; it now ensures that a fresh sharp needle is available for each patient and much valuable time is saved. All staff have been instructed in the use and disposal of these syringe units. Other disposable equipment such as face masks and polythene gloves have also been used with advantage.

The disposable incontinence pad service which commenced in May has been appreciated by patients, relatives and nursing staff alike. An incontinent patient and the inevitable unpleasantness of washing soiled bed linen day after day can be a real problem to relatives. The use of disposable pads has helped in the nursing care, and has brought comfort to the patient and relief to families who, in many instances, are anxious to keep their loved ones at home during an illness. In instances where there are no female relatives to launder draw sheets, the disposable pads have been invaluable. Health Department transport delivers the required number of incontinent pads to patients' homes together with bags designed to store used pads until these are collected for disposal. This delivery and collection service obviates unpleasant nuisances.

Lightweight polypropylene ware has now replaced the heavier stainless steel and enamel equipment previously carried in nursing bags. This is a great help as many of the nursing staff still have to walk around in all weathers carrying heavy bags. The old-fashioned heavy leather Gladstone nursing bags are gradually being replaced by vinyl Kingfisher bags which are lighter and more accommodating for modern equipment.

The Staff.—The full-time State Registered nursing staff take the major responsibility for manning the districts from 8.30 a.m. to 10.30 p.m. These nurses hold the National District Nurse Certificate and/or the Queen's Institute of District Nursing Certificate. Many of the part-time State Registered staff have also taken district training as recommended

by the Ministry of Health. During the year two training courses were held and fifteen Sheffield students entered; these were joined in the three-week 'lecture block' by sixteen students from neighbouring authorities. All were successful in the examinations. For many years a limited number of State Enrolled Nurses have been employed without any special preparation for community care. Recently the number in this category has increased and during the Springtime we held the first in-Service Queen's Institute Course of Instruction in District Nursing for State Enrolled Nurses. The ten-week course consisted of eight weeks practical work on the district and two weeks theoretical instruction in the classroom. Seven S.E.N.'s on the staff took the course and were joined by two nurses from Barnsley for the theoretical instruction period. 100% success was achieved in the practical and written assessments.

16 nurses resigned during the year and 24 were appointed; five of these were State Registered Nurses who will take the next training course in May 1966.

An establishment of seven bath attendants has been fairly regularly maintained and gives valuable assistance in this field. Inclement weather, high staff sickness rate and increased demand for visits have at times put heavy pressure upon those on duty, but their usual willingness to go 'the extra mile' prevented the Service from being interrupted during these periods.

One Assistant Superintendent, one male and two female district nurses each attended a one week refresher course and all found it to be of value. The Superintendent was present at a two-day conference in London organised by the Queen's Institute of District Nursing on "Training for Independence". She also had the honour of attending a Royal Garden Party at Buckingham Palace in July.

Members of senior staff are increasingly called upon to give illustrated talks and lectures mainly to Civil Defence, certain voluntary organisations and church groups. In 1965, these took place usually in the evenings and were arranged by the Health Education Service. Members of staff have also accompanied various groups of handicapped and blind persons on day outings.

Revised working hours were introduced in an endeavour to reduce split duties to a minimum and at the same time even out the span between twice daily visits for general nursing care and other treatments. Instead of daily split duty the full-time staff undertake an average of one split duty per week and the remainder of their working days are on straight shifts;

this has also the advantage of ensuring longer free evenings for staff and yet the districts are covered more adequately from 8.30 a.m. to approximately 10.30 p.m. apart from the one and a quarter hour mid-day meal break.

Visitors.—Various groups of hospital students from both the Children's Hospital and City General Hospital accompanied the staff in a morning round of district visits—other groups from the Sheffield School of Nursing visited the Johnson Memorial Home and were given an illustrated talk. Two students taking the Queen's Institute of District Nursing Community Health Administrators Course, spent a week each in Sheffield observing the Service. The Health Committee kindly granted permission for the Annual General Meeting of the Royal College of Nursing and National Council of Nurses—Sheffield Branch, to be held at the Johnson Memorial Home in February.

Co-operation.—Nursing care as such fulfils an important part of the average patient's requirements. But however adequately given, it would fall short of bringing comprehensive care to the patients on the district if given solely in isolation. Other services, both statutory and voluntary are called upon and used in many instances, both to bring comfort to those with a terminal illness and to help with the rehabilitation of those who have a long period of recuperation. Help from other health, welfare and social services is often sought. Here, good liaison and co-operation is enjoyed and appreciated. The majority of patients are referred direct by general practitioners and as nurses, we appreciated the coverage, protection and co-operation which they afford.

The Patients.—The foregoing headings in this Report could be described as 'spokes in a wheel' and as such would be quite unnecessary without the 'axle', i.e. the patient, whose needs are often urgent and great. Therefore our whole service must be geared to meet the demand as fully as possible. With increasing turnover and earlier discharge from acute hospitals and shortage of hospital beds for chronic patients, the variety of community care work has increased. We all have our ideas of future changes and trends, so we anticipate that additional spokes will have to be added to strengthen the wheel and keep it revolving.

The following figures detail the work carried out by the staff during the year:—

Number of cases on the register at 1st January, 1965	...	...	2,101
Number of new cases attended by the nurses during the year	...	...	5,054
Total number of cases attended by nurses during the year	...	...	7,155
Number of cases removed from the register during the year	...	...	4,923
Number of cases on the register at 31st December, 1965	...	...	2,232
Number of visits made by the nurses during the year	...	...	269,386

The 7,155 cases nursed during 1965 were referred by the following:—

General practitioners	...	...	...	...	5,204
Hospitals	...	...	...	...	1,364
Public Health Department staff	...	...	...	...	263
Other social agencies	...	...	...	...	21
Personal application	...	...	...	...	303
TOTAL					<u>7,155</u>

These cases may be classified as under:—

Medical	...	...	...	...	...	5,910
Surgical	...	...	...	...	...	1,106
Infectious diseases	...	...	...	...	...	1
Tuberculosis	...	...	...	...	...	74
Maternal complications	...	...	...	...	...	27
Others	...	...	...	...	...	37
TOTAL					...	<u>7,155</u>

VACCINATION AND IMMUNISATION

By R. E. BROWNE, M.R.C.S., L.R.C.P., D.P.H.

Assistant Maternity and Child Welfare and School Medical Officer

"I was wounded in the house of my friends".

Zachariah xiii, 6.

The local authority continued to provide for immunisation against diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and tuberculosis. In general, immunisations for pre-school children are carried out at maternity and child welfare centres, and for children of school age, at school clinics.

Teams visit the secondary schools for tuberculin testing and B.C.G. vaccination.

In addition special sessions are held at the maternity and child welfare centre, Orchard Place, for the immunisation of adults against poliomyelitis, and for intending foreign travellers against yellow fever.

The speed of modern air travel has made it possible for individuals to fly to tropical and sub-tropical countries on short visits, whether it be on business or pleasure. Such persons may be inadequately protected against infectious diseases to which they may be exposed. From time to time arrangements are made for the immunisation of travellers with cholera and TAB (typhoid and paratyphoid A and B) vaccine, in addition to the special yellow fever vaccination sessions.

Smallpox.—There is greater reluctance to accept 'vaccination' than any other immunisation provided by the local authority. It is estimated that for the year, the average level of protection, in the under five population came to 41·7%. This is very discouraging, and potentially dangerous with increasing air travel facilities between the United Kingdom and Afro-Asian countries where smallpox is endemic. Details of the number of persons vaccinated are given in appendix page 143.

Diphtheria.—This is usually given in combination as a 'triple' vaccine for pre-school age children, and as diphtheria/tetanus for children of school age. The numbers of children immunised against diphtheria are shown on page 143. Re-inforcing injections are given at 1½ years and again at five years. During 1965, a total of 6,600 such injections were given.

The following statement indicates the source of completed primary immunisations and re-inforcing injections given in 1965:—

	<i>Primary</i>	<i>Re-inforcing</i>
By general practitioners	1,926	1,747
At maternity and child welfare centres ...	4,771	2,424
At school health service clinics	403	2,377
At hospitals	70	56
TOTALS	<hr/> 7,170 <hr/>	<hr/> 6,604 <hr/>

Whooping Cough and Tetanus.—The following statement shows the number of children under 15 years of age, who received these injections. In the case of children under 5 years of age who received the triple vaccine, the figures are included in the statement of primary diphtheria immunisation shown earlier in this report.

<i>Vaccine</i>					<i>Number of children</i>		
					1965	1964	1963
Diphtheria/whooping cough/tetanus	...				6,721	6,547	6,062
Diphtheria/whooping cough	...	...	...		—	3	2
Whooping cough	...	...	...		1	1	1
Diphtheria/tetanus	...	...	...		367	678	367
plus re-inforcing doses	...	...	...		2,744		
Tetanus	...	...	...	...	772	1,477	1,592

Poliomyelitis.—The oral (Sabin) vaccine is used almost exclusively. The number of persons who received the vaccine is shown on page 143 of the appendix.

B.C.G.—Full details of the B.C.G. vaccination programme are given in the section dealing with the prevention of tuberculosis (page 53).

Yellow Fever.—The local authority provides an immunisation service for travellers intending to go abroad. It is recommended that there should be a three-week interval between primary smallpox and yellow fever vaccination. If yellow fever vaccination is given first, then this interval may be reduced to four days before the smallpox vaccination is given. During the year, 486 persons were vaccinated against yellow fever.

AMBULANCE SERVICE

By F. C. KELSEY, F.I.A.O.,
Chief Ambulance Officer

*“Methods of locomotion have improved greatly in recent years,
but places to go remain the same”*

—Don Herold

The first consideration of an Ambulance Service is the care and attention given to each individual patient, and to this end the staff are trained in the handling of patients; in the care and use of a variety of equipment ; in the attainment and maintenance of First Aid efficiency and in keeping their ambulances both clean and hygienic. In many respects an ambulance may be considered as a form of mobile sickroom in which patients can feel that they are in capable and sympathetic hands, not only by the first aid attention given, but also by careful driving, consistent with the medical urgency and physical condition of the patient.

The control room is the pivot of operations where each day diverse problems are met and dealt with. The extent and volume of the work undertaken is considerable and may often be involved.

Four traditional priorities influence the quality of service and these are:—

- (i) Accident and emergency calls.
- (ii) Conveying patients and out-patients to hospitals, clinics, etc.
- (iii) Returning out-patients home from hospitals, etc.
- (iv) Carrying patients being discharged from hospital or transferred between hospitals.

From time to time there is insufficient transport to meet all requests arising simultaneously. It is then that the above priorities come into operation. Inevitably this can result in out-patients being late for appointments or delayed en route because the vehicles have been diverted to emergency calls.

Twenty seven hospitals and treatment centres are, at present, covered by the Ambulance Service, and preliminary planning is essential for the necessary co-ordination of the times of out-patient appointments and for the best timing of return journeys so as to avoid or reduce patient inconvenience to a minimum.

It is generally accepted that a proportion of out-patient collection will remain a feature of the Service, because the termination of group patient collection would require a 100% increase in the present ambulance fleet; the capital cost and operational expense of which would be excessive and out of proportion to the advantages conferred.

The increasing amount of road traffic with consequent congestion in the City centre can delay the transport of patients and at peak periods of congestion, experience has shown that it can be difficult to reach the scene of an accident, especially within the City centre.

Unnecessary Journeys.—Despite all efforts to reduce false journeys to a minimum there were 6,262 such calls during the year. As each journey averages 4·2 miles per patient, this means that some 26,300 unnecessary miles were made at an approximate cost of £4,931.

There are numerous reasons given for a patient not actually requiring an ambulance on the given day, the main reason being the generally accepted practice of booking hospital appointments including ambulance transport well ahead of time, and this may well be as long as six months in advance. As a result of our representations the larger hospitals in Sheffield are now writing to patients who have a long term appointment asking if they still require ambulance transport. This has helped to reduce unnecessary journeys and it is hoped that further improvements will occur. On occasions hospital staff have, by scanning the obituary column of the local press, been able to avoid distress by not sending for patients who have recently died. It is desirable that a better system be devised so that hospitals can be quickly notified that appointments need to be cancelled owing to death of the patient.

Requests from Other Authorities.—As Sheffield is an important Regional Hospital Centre there is an increasing number of requests from adjacent local ambulance authorities for ambulances to meet trains at Sheffield stations to convey patients to the various City hospitals.

Such requests call for punctual timing and, in the case of out-patients, the return journey must be programmed and the respective ambulance authorities informed of the time that the patient will arrive at his home station. The length of treatment required by some of these patients often necessitates special arrangements for the return journey, and these are aggravated by the reduction in some train services.

Mutual Aid Arrangements.—The service continues to transport patients from certain parts of the West Riding County Council Area to Sheffield hospitals and to a lesser degree gives assistance when requested to the Derbyshire County Council and other local authorities.

The following statistics indicate an upward trend in the number of Sheffield patients carried as compared with previous years.

<i>On whose behalf</i>	<i>Year 1964</i>		<i>Year 1965</i>	
	<i>Numbers of patients carried</i>	<i>Mileage run</i>	<i>Numbers of patients carried</i>	<i>Mileage run</i>
Sheffield City Council ...	174,246	709,673	175,170	737,423
West Riding County Council...	3,028	17,981	2,959	17,209
Derbyshire County Council ...	57	1,039	64	868
Other Authorities	89	3,370	58	1,650
TOTALS	177,420	732,063	178,251	757,150

In 1965 there was an increase of 831 (0·5%) in the total number of patients carried together with an increase of 25,087 (3·4%) in the total mileage.

The increase of 3·4% in mileage compared with 0·5% in the number of patients carried is the result of our efforts to carry out-patients in smaller loads thereby reducing the waiting time of the patients at hospital.

Emergency Calls.—Ambulances conveyed 13,906 emergency casualties to hospital as a result of either accident or sudden illness, or cases in urgent need of treatment where immediate removal was necessary (9,917), or maternity cases in labour (3,989).

This is an increase of 1,468 patients (11·8%) over the previous year. Once again, it was clearly noticeable that there was an increase in accident casualties suffering from the more severe injuries which could be attributable to higher automobile speeds.

An analysis of the various types of calls made is shown on page 144.

Long Distance Cases.—Arrangements are made for the collection of all ambulance patients from Sheffield hospitals including patients from outside Sheffield by agreement with neighbouring local authorities who have the option of collecting their own patients for whom they have a financial responsibility. During 1965 the service conveyed by road 86 patients who reside outside Sheffield (a total distance of 12,693 miles) and arrangements were made to convey 274 patients by train with a resultant saving of 48,160 miles.

As in previous years, valuable assistance was rendered by lady members of the British Red Cross Society who acted as escorts to patients unable to travel alone and who travelled by train.

Domiciliary Midwifery Services—Night Rota Scheme.—This scheme was very successful throughout the year, there being 2,540 requests (an increase of 8% on 1964) for the services of a midwife between the hours of

7 p.m. and 8 a.m., the appropriate midwife being informed and transport provided on 2,399 occasions. Eighteen journeys were made to carry premature baby equipment.

Flying Squad Journeys.—Transport was provided on sixty eight occasions to convey a medical team and apparatus to a patient’s home so that expert medical attention and/or a blood transfusion could be provided before moving the patient to hospital.

Statistics.—The following statement shows the number of patients carried and the mileage involved since the inception of the National Health Service.

<i>Year</i>	<i>Number of patients carried</i>	<i>Mileage run</i>
1949	98,649	481,282
1954	136,847	548,313
1959	159,574	613,056
1964	177,420	738,468
1965	178,251	757,150

Staff.—All the operational staff are qualified in First Aid and 60% of the men have completed a course of Civil Defence instruction.

Arrangements have been made for the staff to see training films, whilst an ambulance and crew were used in the making of a film by the Jessop Hospital entitled “Now we are three”.

Sixteen men have attended lectures on ‘advanced driving techniques’ given by Sergeant H. Street, Examiner and Instructor, Sheffield Police Driving School, and six are attending a class to study ‘casualty simulation’, i.e., the faking of injuries on casualties for instructional purposes.

Eighty two drivers were entered for the 1965 Safe Driving Competition and it is pleasing to report that fifty eight qualified for awards as follows:—

Star Brooch (21-24 yrs.)	...	3	Bar to 5 year medal (6-9 yrs.)	...	10
Special Bars (16-19 yrs.)	...	3	Five year medal	...	—
Oak Leaf Bars (11-14 yrs.)	...	5	Diplomas (1-4 yrs.)	...	37

Thirteen drivers were withdrawn from the competition and eleven failed to qualify.

The Service again entered a team for the National Competition for Ambulance Services.

Public Relations.—Talks and demonstrations have been given to members of the Civil Defence, to police cadets, pupil midwives, mountain rescue teams, members of the Boys Brigade, the Vespa scooter club and other public spirited organisations. The Service also joined with the other emergency services in giving a series of talks and demonstrations to school children during the summer holidays.

Various articles of equipment, including a blue flasher lamp, stretcher, blanket, etc. were loaned to the Telephone Manager in order to provide a window display to illustrate the uses of a “999” telephone call.

In order to create closer co-operation between the hospitals and the Ambulance Service, hospital appointment clerks were invited to visit the ambulance station in order to acquaint themselves with the latest methods and techniques of ambulance control. Representatives from both the Children’s Hospital and the City General Hospital accepted this invitation and later expressed appreciation of the opportunity to see, at first hand, the working of the Service.

Vehicles.—During the year two Sheerline ambulances were replaced by two Austin Omnicoaches.

The fleet is now made up of the following vehicles:—

<i>For general ambulance work including accident and emergency cases—</i>					
Sheerline and Princess ambulances	...	...	...	...	19
<i>For out-patient work</i>					
Dennis and Morris/Austin LD ambulances suitable for conveying out-patients who require the assistance of 2 men and including stretcher cases	...	...	...	...	11
Omnicoaches suitable for sitting cases only	...	...	...	...	16
Cars for sitting cases	...	...	...	...	4
TOTAL				...	50

Maintenance.—The fleet has again been efficiently maintained by the staff of the Public Health Transport Repair Workshops.

Civil Defence Ambulance and First Aid Section—Following the observations made by the Regional Director, after the 1964 annual inspection of the Corps, a full-time ambulance section instructor was appointed and under his guidance the general efficiency of the section is steadily improving.

During the year, the number of volunteers increased to 228, of whom 24 are officers. There are now eleven centrally trained and fifteen locally trained instructors and the results of another instructor training class are still awaited. Twenty five standard test and twenty advanced test passes were obtained during the year.

The section still has five ambulances and one dual purpose vehicle on loan from the Ministry of Health for training purposes and exercises.

CARE AND AFTER-CARE

"I enjoy convalescence. It is the part that makes the illness worthwhile."

G. B. Shaw (Back to Methuselah).

Under Section 28 of the National Health Service Act provision has been made for a variety of care and after-care services in case of illness. Those relating to the tuberculous are referred to on page 53 and the after-care of mental illness on page 80. A great variety of nursing requisites are available on request to help in the care of patients suffering from any illness and an important development during the year has been the introduction of a service for the supply of incontinence pads. Other services provided under this Section are convalescence, 'meals on wheels' and chiropody.

CONVALESCENCE FACILITIES

The arrangements for providing facilities for persons who have been ill, but whose active period of treatment is over, and for those who suffer from chronic ailments, continued. A weekly charge scale is laid down, the amount payable being assessed according to family income. Before patients are assessed, it is ascertained whether they contribute to the 6d. per week scheme of the Sheffield and District Convalescent and Hospital Services Council, or any similar scheme providing free convalescence. Patients are accepted for an initial period of two weeks, with provision for extending this if recommended by the medical officer of the convalescent home.

During the year there were 232 admissions (56 male, 176 female) compared with 278 admissions (73 male, 205 female) in 1964. These patients can be classified in three main groups—45 in regular employment and below retirement age, 11 with chronic complaints and below retirement age and 176 who were above retirement age. 84 patients had been for convalescence on one or more occasions previously by arrangement with the Department and in 16 cases the assessed fees were reduced where there was evidence of financial difficulties.

The majority of applications were received during the summer months, placing such a strain upon the convalescent homes that some patients had to wait for as long as eight weeks for admission.

The convalescent homes used during the year were as follows:—

George Woofindin Convalescent Home, Mablethorpe.

Yorkshire Foresters' Convalescent Home, Bridlington.

Tudor House Convalescent Home, Bridlington.

The British Red Cross Society Convalescent Home, Buxton.

Craida House, Skegness.

W.V.S. Holiday Home, Ilkley.

MEALS ON WHEELS

A comprehensive service of 'meals on wheels' was inaugurated in April, 1959, after a pilot scheme had been in operation for some time. The Council of Social Service undertake the cooking and distribution of the meals whilst the local authority finance the scheme and provide the transport. From August, when Social Service House was opened, modern and more spacious facilities became available for the preparation of the meals. From September the number of vehicles provided by the local authority increased from seven to eight.

In 1965 the number of persons receiving meals increased from 825 to 958. Two meals are provided for each person per week and a total of 88,527 meals was served during the year.

This service continues to be very popular and is an excellent example of fruitful co-operation between a voluntary organisation and a local authority. The service is particularly beneficial to elderly people from geriatric units and others who are wholly or partially housebound on account of frailty or other disabling conditions. Special diets are provided where necessary.

CHIROPODY

The chiropody service has been operating since July, 1960. Treatment is restricted to the elderly, the physically handicapped and expectant mothers. When applications for chiropody are received a health visitor calls on the applicant, explains the scope of the scheme and makes an assessment of the degree of priority.

During the year 1,111 applications were received, 36 of which were not recommended. After allowing for patients who had died, been admitted to hospital, or removed, etc., there were, at the end of the year 3,451 patients receiving treatment. At 31st December there were 440 patients on the waiting list for attention at clinics and 75 domiciliary patients awaiting their first treatment.

At 31st December the staff consisted of three full-time chiropodists and five part-time chiropodists working a total of 20 sessions weekly. Sessions were commenced during the year at Newfield Green and Walkley welfare centres and sessions were arranged weekly as follows:—

				31st Dec. 1963	31st Dec. 1964	31st Dec. 1965
Orchard Place ...	...	...		7	10	10
Manor ...	...	...		5	7	7
Firth Park ...	...	...		5	7	8
Greenhill ...	...	...		1	2	2
Newfield Green	...	...		—	—	1
Walkley ...	...	...		—	—	1
Domiciliary ...	...	...		7	25	21
				—	—	—
TOTALS	...	...		25	51	50
				—	—	—

The number of patients treated and treatments given during the year were as follows:—

<i>Centre</i>	<i>No. of Patients</i>	<i>First Treatments</i>	<i>Subsequent Treatments</i>	<i>Total</i>
Orchard Place ...	735	154	3,380	3,534
Manor ...	628	91	2,607	2,698
Firth Park ...	633	125	2,769	2,894
Greenhill ...	161	55	596	651
Newfield Green ...	66	35	176	211
Walkley ...	59	18	257	275
Domiciliary ...	1,349	421	2,812	3,233
TOTALS ...	3,631	899	12,597	13,496

These patients included 32 who were physically handicapped but not elderly, and four expectant mothers.

From 1st April, 1963, the City Council took over the chiropody service provided by the Council of Social Service in their clubs for old people. Details of treatment given by this means during the year were as follows:—

Number of sessions	...	...	203
Number of patients	...	...	344
Number of treatments	...	...	1,473

Incontinence Pads.—A service for the supply of incontinence pads commenced in May, 1965. When making arrangements for this service it was realised that, with a considerable part of the City in smoke control areas and the absence of open fires or stoves in a large number of homes, it would often not be possible for the soiled pads to be burned on the premises. It was decided that there should be a daily delivery and collection service and one van was allocated full-time for this purpose. Water-proofed paper bags were supplied for the soiled pads and these were taken to the Cleansing Department's destructor for disposal. Information about the service was circulated to all general practitioners and the Department's nursing services. When the recommendations came from home nurses or health visitors they were asked to indicate the number of pads that would be required daily, and when a recommendation for this service came from other sources it was arranged that a health visitor would visit and assess the need.

By the end of July a waiting list of 25 patients had built up as the one vehicle allocated to this service could only deal with an average of 70-75 cases daily. To reduce this waiting list without increasing the daily number of calls, arrangements were made to deliver on alternate days to those patients receiving one or two pads daily. This worked well and dispensed with the waiting list.

At the end of the year there were 101 patients on the delivery list and the total number of patients who had benefited from this service was 276. The average number of pads issued daily was just over three per patient and the total number of pads issued during the eight months the service was in operation was just under 59,000.

PROVISION OF NURSING REQUISITES FOR PERSONS CONFINED OR NURSED AT HOME

Nursing requisites are available for loan either from depots directly under the administration of the City Council or from certain voluntary organisations acting as agents of the Authority. Depots are established at the Orchard Place, Firth Park and Manor maternity and child welfare centres, at Johnson Memorial Nurses' Home, and at Norton Rectory. The voluntary agencies participating in this scheme are the Sheffield and District Convalescent and Hospital Services Council (38, Church Street), the Darnall and District Medical Aid Society (Fisher Lane, Darnall) and the British Red Cross Society (53, Clarke Grove Road).

Articles are loaned free of charge. There is no limitation on the period for which articles may be loaned but the application must be renewed at three-monthly intervals. Once again there was a considerable increase in the number loaned from the City Council's depots, 7,001 articles being loaned during 1965 compared with 6,474 in 1964.

These, together with those loaned by the voluntary agencies, may be classified as follows:—

<i>Nursing requisites</i>	<i>Loaned by the City Council</i>		<i>Loaned by voluntary organisations</i>	
	1964	1965	1964	1965
Bed pans, rubber sheets and other articles required by patients confined to bed ...	4,723	5,131	1,369	1,145
Commodes	610	695	—	—
Dunlopillo mattresses ...	193	258	—	—
Invalid chairs	385	406	54	54
Walking aids	563	511	797	770
TOTAL ARTICLES	6,474	7,001	2,220	1,969

In addition to bedsteads and bedding loaned to assist in the segregation of tuberculous patients (see page 53), bedsteads, with or without self-lifting attachments, and mattresses are loaned to other patients so as to allow earlier discharge from hospital or to facilitate home nursing care.

TUBERCULOSIS CONTROL

By R. E. Browne, M.R.C.S., L.R.C.P., D.P.H. and
Christina F. J. Ducksbury, M.B., Ch.B., D.P.H.,
Assistant Maternity and Child Welfare and School
Medical Officers

“The best may slip, and the most cautious fall”

—John Pomfret (Love Triumphant Over Reason)

There has been a further decrease in the number of new cases of pulmonary tuberculosis to 174 for the year ; other forms of tuberculosis totalled 30.

The following table shows the numbers of new notifications, incidence per 100,000 of population, and deaths.

Notifications and Deaths

Year			Pulmonary	Incidence per 100,000	Other Forms	All Forms	Deaths
1952	...	...	592	116	64	656	125
1957	...	...	425	85	52	477	83
1962	...	...	258	52	38	296	61
1964	...	...	216	44	29	245	42
1965	...	...	174	36	30	204	23

In the appendix, page 145 is shown the age and sex distribution of tuberculosis notifications, both pulmonary and other forms.

There were 145 notifications in males and 59 in females. In males the numbers were largest in the age group 55 to 64, and in the females 35 to 44.

Immigrants.—It is noteworthy that in the age groups 25 to 44 male immigrants accounted for 22 out of 38 pulmonary cases, and 7 out of 9 non-pulmonary cases.

Notifications in immigrants by country of origin are shown on page 145.

Port Health and Airport Authorities notified particulars of 308 immigrants during the year, and of these one has been notified as suffering from pulmonary tuberculosis. This case was an Italian who had arrived in the United Kingdom only nine weeks previously.

In August, 1965, a pilot survey was undertaken to try and make contact with immigrants who were already resident. A team, consisting of a medical officer and a health visitor, visited the homes where there were known to be children of school age. Also it was anticipated that some contact would be made with other members of the family and with unattached adults.

Details of medical history and social welfare were noted and the subject of tuberculosis discussed. Advice was given, appointments made for chest X-ray of adults, and the children were tuberculin tested. The Tine

tuberculin test was used in preference because the disposable units did not require any sterilisation facilities. Four days later a second visit was paid to the household in order to read the tuberculin tests, vaccinate with B.C.G. or arrange for chest X-ray as necessary. Approximately 140 houses were visited during this survey and as a result 380 individuals were either seen or recorded. The survey is continuing.

Transfers In.—A total of 17 cases previously notified in other areas removed into Sheffield during the year. These were followed up by health visitors and referred to the Chest Clinic for routine supervision.

Liaison Meetings.—Since 1958, quarterly meetings have been held with representatives from the Chest Clinic, Children's Hospital, Mass Radiography Centre and the Local Health Authority Services of Sheffield. These meetings bring together those interested in and concerned with the prevention and spread of tuberculosis. This close liaison is most appreciated and ensures smooth co-operation between the various services.

Chronic Positive Register.—The numbers on the register as at 31st December, 1965 and in three previous years are shown below:—

1962	1963	1964	1965
57	69	56	48

Dr. R. H. Townshend, Consultant Chest Physician, writes:—"These cases are all drug resistant except for three, one of whom has died this year. 25 cases were notified before 1955, and so were under treatment before the introduction of satisfactory chemotherapy. A number of patients are now negative but cannot yet be removed from the chronic positive register because they still might relapse.

The picture, however, looks hopeful and the total number of drug resistant cases should continue to fall steadily".

Contact Tracing.—Examinations and/or X-ray of contacts were carried out during the year at the following centres:—

Chest Clinic (Royal Infirmary)	...	617
Children's Hospital	... ..	3
Mass Radiography Centre	... ..	147
Other hospitals	... ..	5
TOTAL	... ..	<hr/>772 <hr/>

The results of these 772 examinations are:—

No abnormality found	... ..	746
and of these 146 were given B.C.G.		
New cases notified	... ..	7
Recalled for further investigation	...	19

Of the 19 patients recalled four have been discharged, and the others are being re-examined.

Mass Radiography.—Firms are encouraged to allow their employees to have chest X-rays. In addition a list of work-places of notified cases is forwarded to the Medical Director of the Mass Radiography Centre, so that they may be included in the programme of the mobile unit. In the Sheffield area, 17 firms were visited and over 12,500 persons were examined by the mobile Mass Radiography Unit.

Rehousing.—During the year nine cases of infectious tuberculosis were recommended for rehousing. As on 31st December, 1965, 365 families were living in Corporation houses, having been granted priority rehousing on T.B. medical grounds. A number of the cases involved have now recovered but have been allowed to continue their tenancies.

Provision of Equipment.—Patients suffering from infectious tuberculosis, who are treated at home and have to sleep in their own rooms, are loaned items of equipment, such as mattresses, sheets, blankets and pillows.

Care and After-Care.—(See also Welfare of Handicapped Persons, page 99). After treatment many patients are unable to return to their normal employment. Some are referred to the local authority centre at Psalter Lane (see page 101), others find employment at the Remploy factory in Sheffield, and others are found work through the Disablement Resettlement Officer of the Ministry of Labour.

In appropriate cases free issue of milk is granted by the local authority.

B.C.G. Vaccination.—Apart from the case finding activities and support of patients, the Health Department spends much effort in giving active protection against tuberculosis to selected groups of people.

School Children.—Adolescents have long been recognised as a special ‘at risk’ group, and tuberculin testing and B.C.G. vaccination or chest X-ray are offered to all children in their first year at secondary schools. The special report on this follows.

B.C.G. VACCINATION OF SCHOOL CHILDREN

During the year, as well as previous arrangements for the B.C.G. vaccination of eleven year old school children, facilities for similar vaccination were extended to full-time students in the establishments of Further Education, members of the Public Health Department staff, and to the immigrant children resident in the City.

B.C.G. Vaccination of School children

No. of children skin-tested	...	...	...	...	...	4,622
No. of positive reactors who had previously had B.C.G.						260
No. of positive reactors (no previous B.C.G.)	...	...				519
Positive reactor rate (excluding previous B.C.G.)					...	11·9%
No. of negative reactors	...	...	...	...	...	3,843
No. of children vaccinated	...	...	...	...	...	3,738

The positive reactor rate has risen to 11·9% from last year's figure of 6·5%, being particularly high in the first four months (about 18%). The difference is entirely accounted for by an increased number of minor positive reactions which may have been due to a non-specific protein sensitivity, known to occur in certain other parts of the world such as India and Australia. In the months from September to December, it dropped to 5·5%, which was a little lower than the rate for 1964.

In 1964, The British Tuberculosis Association organised a trial to compare the efficiency of different methods of B.C.G. vaccination. Sheffield was one of the areas selected to take part in this work during 1965. A total of 1,115 children was vaccinated during the Spring term as follows. 279 children were vaccinated by an intradermal injection, which is the method at present in general use, and for the purpose of this trial they act as a control group. 836 children (75%) were given a multiple puncture vaccination using either (i) a magnetic head gun (278 children) or (ii) an East gun (558 children). In every case, the gun was 'fired' twice in order to produce a total of 40 punctures in the skin.

All these children are being followed up with annual tuberculin skin-testing until they leave school, to ensure that the vaccination has been effective and to determine the degree of immunity achieved. Children in Cardiff and Staffordshire are also included in this trial, and it is intended that the combined results will be assessed so that this new method can be recommended if judged to be better than existing procedures.

X-ray of Positive Reactors.—Of the 463 children who attended for chest X-ray, 79 were those whose parents, though not accepting skin-testing, had requested a chest X-ray. 94 children for whom appointments were made failed to attend; two of these were later found to be already attending the Chest Clinic.

The results of the X-rays were as follows:—

Normal chest	...	...	...	...	...	...	455
Evidence of past tuberculous lesion, now healed					...		6
Miscellaneous	...	...	...	...	...	...	1
Children to be kept under supervision				...	...	...	1
TOTAL							463

There were no cases of active tuberculosis discovered this year through these routine chest X-ray examinations.

B.C.G. Vaccination of Students in Establishments of Further Education.—For the first time, B.C.G. vaccination was offered to those full-time students who attend the Local Education Authority Colleges of Further Education, some of which were visited twice so that as many final year students as possible were examined.

Of the 504 students who were skin-tested, 357 were positive reactors. 211 of these had already had B.C.G. vaccination a few years previously when at school. 147 students showed a negative reaction and 144 of these were given the B.C.G. vaccination, whilst three refused the offer.

Fifteen staff also wished to be skin-tested, of which ten were from Granville College where a colleague had been recently treated for tuberculosis. All the members of staff tested were positive, except for one negative reactor who was then vaccinated.

61 positive reactors were advised to attend the Mass Radiography Centre, as they had not recently been X-rayed. 22 were known to have attended and were all reported to have clear lung fields.

B.C.G. Vaccination of Public Health Staff.—B.C.G. vaccination was offered this year to members of the Public Health Staff who are likely to come into contact with cases of tuberculosis during the course of their work. These included public health inspectors, ambulance staff, disinfecting station staff, health visitors, district midwives, clinic nurses, district nurses, school nursing sisters and clinic nursing assistants.

Of the 150 individuals who were tuberculin skin-tested, 142 showed a positive reaction. Seven of the eight negative reactors were given B.C.G. vaccination. 94 of the positive reactors (66 %) had received a chest X-ray within the previous twelve months, and a further 14 had been given B.C.G. vaccination previously. The remaining 34 positive reactors were advised to attend the Mass Radiography Centre for chest X-ray. Fifteen were known to have attended. No cases of active tuberculosis were discovered.

B.C.G. Vaccination of Immigrants.—The visiting of immigrant households to advise on health matters and to skin-test and vaccinate the children has been described on page 30.

CONTACT INVESTIGATION

The investigation of as many contacts as possible of the positive reactors amongst school children was continued in 1965, the main purpose being to discover the source of infection responsible for the positive tuberculin reaction in the child, and to offer protective measures to the other members of the family. This work is undertaken by the health visitors, who made effective visits to 239 households in 1965.

Source Tracing.—There was a definite history of a source of infection to which the child had been exposed in 61(25·5 %) of the total households visited. Of the positive reactors, five had a history of clinically recognisable tubercular pathology in the lungs or in lymph-glands. Two of these were still under medical supervision.

Relationship of Source.—Infection within the immediate family circle occurred in 14(23 %) instances. A further 24(39·5 %) were close acquaintances such as neighbours or friends. The remaining 23(37·5 %) comprised more distant relatives with occasional contact. Of these 61 positive contacts, 17 were still under medical supervision.

Contacts.—In the course of the visit to each household, the health visitor encouraged the older contacts to attend for chest X-ray. Parents were advised to have the younger children skin-tested at the Chest Clinic. When the skin-test was positive chest X-ray was recommended; when the skin-test was negative, B.C.G. vaccination was given when immediate protection was indicated, or when specially requested by the parents.

The results of these investigations are to be found in the appendix, page 145.

THE SOCIAL PROBLEM GROUP

By Catherine H. Wright, M.B., Ch.B., D.P.H.
Assistant Maternity and Child Welfare Medical Officer

*"If this were played upon the stage now, I could
condemn it as an improbable fiction"*

—William Shakespeare (Twelfth Night)

The two social workers specialising in this work have continued to help families with multiple problems. During the year 1,559 home visits were undertaken and 1,356 contacts made by social workers with other agencies on behalf of the families. 360 visits have been made by parents to the clinic where it is possible to talk in an atmosphere more peaceful than the family living room.

To add to the number of families that need to be propped to a greater or less degree year after year, ten new families have been helped.

They presented the following picture at the time of referral:

Case 1.—Father, mother and five children, living in poor property. The family was known to the N.S.P.C.C. because of the father's erratic work habits, his drinking and failure to give his wife enough money to buy food. There were a number of debts and the mother was on probation for stealing.

Case 2.—Father, mother and three children. The mother had been a patient in Whiteley Wood Clinic having attempted suicide. She had poor domestic standards and the children, though not intentionally neglected, were suffering from their mother's inability to feed and look after them properly. The husband was on probation and had a long history of delinquency and persistent unemployment.

Case 3.—A young couple with one child, living with in-laws. The mother had been an in-patient in Whiteley Wood Clinic, diagnosed as probably schizophrenic. The father attended a special school and had little ability to understand his wife's illness.

Case 4.—Father, mother and three children. The husband rarely worked a full week, and gave his wife insufficient money to run the house. As a consequence she was always in debt to shop-keepers, neighbours and in arrears with rent. There was considerable disharmony and the husband resorted to violence at times. The wife had been in Whiteley Wood Clinic and threatened to kill her baby and commit suicide when she became very depressed.

Case 5.—A couple cohabiting with one child of a marriage and two as a result of the liaison. Material standards were good, but the mother had attempted suicide because of mounting debts and disharmony. The father was in prison for debt when the case was referred.

Case 6.—Father, mother and four children. The mother who had always been a hopelessly poor manager and was of low intelligence had recently had a heart operation. The home was filthy, the children dirty and in ragged clothing. The mother had called in the N.S.P.C.C. because her husband had accused her of incest with her eldest son.

Case 7.—A young couple with four children under five, one being mentally sub-normal. They had no light or coal and owed £70 to the Y.E.B., in addition to other debts. The father worked well and earned a good wage, but there was little to show for this. Both parents were plausible and evasive.

Case 8.—Referred by the School Health Department. A schoolboy member, who was abnormally aggressive and destructive at school, had been allocated a place in a school for maladjusted boys in Leeds, on condition that a social worker would visit his family from time to time to try to iron out difficulties in his environment. His mother was alleged to be a poor manager and incapable of showing normal affection for her children.

Case 9.—Father, mother and six children. The father was said to be irresponsible and psychopathic and recently discharged from prison. Eviction was impending and the electricity was cut off. Candles were used for lighting, and the primitive cooking arrangements were said to be a danger to the young children. The father came from a disorganised family and had not acquired the habit of working.

Case 10.—Father, mother and five children. The father had assaulted his wife, accusing her of infidelity, incest with their eldest son and disclaiming paternity of all the children. Although judged by his family doctor to require psychiatric treatment, he refused to consider this. He was disabled as a result of a serious accident, and help was asked to support and advise his wife.

It will be noted that only one family referred was living with in-laws. This has come about as a result of the shortening of the waiting list for Corporation houses. There are now jobs for all men who are able to hold one. That housing and employment are no longer a problem pin-points the weaknesses of personality, which are the really fundamental causes of social inadequacy, and the failure of the individuals to overcome these. Thus we are brought face to face with the inadequate male who does not see work or breadwinning as an essential in his pattern of living. Likewise we see the immature, ill-equipped female overwhelmed by the muddle of her mismanagement of money and children.

Several of the families have been referred because one parent has been having, or requires, psychiatric treatment. This is no longer viewed with such suspicion as at one time, and is now much more readily available. Psychiatry, however, offers most to those favourably placed to make use of it. For the parents we deal with, such betterment as can be achieved by a few days or weeks in hospital, or out-patient consultations, is soon negated by the fact that the environmental stresses, which caused the breakdown, remain unchanged. Follow up appointments are seldom kept, if no one bothers to encourage and accompany the patient. The psychiatric social workers are able to pay only an occasional visit and because of multiplicity of stresses in these families which complicates the psychiatric problem, this is not enough.

The general improvement in the housing situation is reflected in the fact that most families now have enough space to live in. Ironically, for a few this brings a crop of difficulties. After living for years in rooms, with an older generation, the family is faced with the need to buy furniture, floor covering, beds and bedding. The parents have to make their own decisions, to be responsible for payment of the weekly rent, to housekeep and

control their children, without the support of grandparents. A family may be out of the frying-pan of overcrowding into the fire of added responsibilities, without added resources, in a strange part of the City with new schools to which their insecure children must try to adjust. This situation has arisen in several families supported by the social workers, and again the personal inadequacies of the parents are revealed as lying at the root of family failure.

The father in irregular employment or none at all presents a challenge to a social worker. A father figure who hangs around the house justifying himself by taking over some of the wifely duties does nothing for his wife's self respect and morale, and imprints an image of inadequacy on sons and daughters alike, which is sometimes reflected in their own later attitudes to work and men. A job for the asking does not, however, help the chronic bronchitic with nine children who is physically unfit to do labouring work, but too unskilled to do anything else. Nor is it easy to know what to do about a very young father with two children who does not like working and who loses successive jobs because he will not get up in time. Fathers with large families, who earn less as unskilled labourers than the N.A.B. allowance, cannot be influenced if their position of dependence has become acceptable to them.

The key individual in any efforts to help problem families is without doubt a family case worker with a small case load. In no other way is it possible for the worker to be a family friend who can act as a link between the families and the wide services available to them.

The children's club is a continuing success, but now too many children come. Two clubs, involving more helpers, will probably have to be the answer to this. Some members who came as children are now working lads and girls, who come looking smart on their own earnings, partly to renew old friendships, but also to talk about their work. Considering that these are children of fathers whose unemployment was and in some cases remains a basic family problem, we can but feel encouraged.

HOME HELP AND HOME WARDEN SERVICE

By Miss D. J. PARKER, Superintendent Organiser

"My calamity, they have no helper"

—Job xxx, 13.

Undoubtedly the pressure on the Service has increased tremendously during the last two years. In some measure this is gratifying because it means that both the development and efficiency of this Service have been recognised leading to greater demands by the public, but unless the organisation can be geared to cope with the volume of need that is evident now, there will be a gradual decline in efficiency. Mounting pressures throw a great strain on the organising staff and these stresses must follow through to the home helps and the patients. This means the loss of organising staff and home helps and yet a greater burden on those left, and dissatisfied patients. The point has been reached when improvements in procedures and administration cannot offset rising demands.

The social services depend on each other but in many instances it is obvious that when a particular service cannot cope, a great deal of work falls on the Home Help Service. In many areas an enthusiastic, hard-working home help organiser relieves the demand on other services, so if suddenly there is no organiser or one who does not carry out her duties energetically, it will mean increased pressure for places in hospital, in old people's homes and in short stay foster homes. Since it is policy to keep homes together, a service that does just that can expect an increasing call for its skills. Home help is an urgent need for part of the population who are sick and old and must of necessity remain in their own homes. It can keep a home together and make it unnecessary to resort to other more costly solutions.

There are many grounds for thinking its extent falls short of meeting all reasonable requirements. The Service will only be as good as the personnel employed and no better than the organisation can effectively deploy its staff. The essential need is for good, stable organising staff when the conditions prevailing in a permissive service with a fluctuating labour force, are very onerous and demanding. No less attention must be paid to the personnel or to the organisation. Administration becomes more and more difficult as pressure grows and traffic increases, and it means that less and less time can be spent on supervision and encouragement of helps, which is so important if the Service is to be efficient and economical.

In view of these demands, it is imperative that the general public are made to realise that there are definite limits as to what the local authority can do. It must be stressed that the service is very willing to play its part

but has inadequate facilities and the idea of self help in families must be pursued. Unless families are willing to co-operate the service will break down. Publicity concerning the service must be carefully handled to help restore the balance of understanding if it is not to result in more requests for help than can be met. Nevertheless, there is the danger that the difficulties of providing help may be overstressed and patients in urgent need may be discouraged from applying.

Care of the Aged.—The closing of wards at Fir Vale Infirmary has increased the demands for the provision of help to homebound and bedfast people. In many cases the patients are desperately ill and need constant care and attention and from time to time it is left to the Home Help Service to care for those who are dying, sometimes in great pain and in shocking circumstances. Home helps do a tremendous job in the fullness of their sympathies but it is questionable whether they should be asked to accept responsibilities of this nature for old people.

The organising of help for old people presents special problems in so much as they require frequent short periods of help, particularly in regard to meals. It is necessary therefore for the home help to be occupied between these times without walking long distances between houses or being engaged on very strenuous work. The helps have coped with this work willingly, but there is a connection between the additional work involved and the number of resignations received. Due to the increase in requests for daily help, the number of cases waiting for help has increased steadily during the year. There is a growing need for earlier preventive help to be given. Many of the patients on the waiting list at the first visit needed assistance with cleaning only which could not be arranged. Some of these have been given help now because of further deterioration, but many are struggling to maintain their homes. These patients would remain in better health for a longer period if earlier help could be given. In some cases concentrated help has assisted the patient to become ambulant again having benefited greatly from good meals and general care.

The demolishing of homes in the older parts of the City and removal of the aged to new housing developments has added to the problem of shopping. Often housing accommodation is available a considerable time before the shopping centres are developed. It has been necessary for the organisers to contact local firms with lists of patients and needs. The firms agreed to supply errand boys to collect orders and arrange deliveries, although undoubtedly it has been found uneconomical to provide this service. As the shopping centres have developed so this service has been taken over by the home helps, but it is necessary to ensure that their visits are

frequent and regular to ensure that no one is without food. Whilst the new accommodation is compact, with central heating, and easy to keep clean, the time saved on chores may have to be re-allocated to travelling and shopping.

Maternity cases.—There has been an increase in the number of requests for help for maternity cases, and applications are being received much earlier in the pregnancy than in previous years to ensure assistance being available. Many cases were able to manage with part-time help, as there were relatives or friends able to help for a part of the day. The provision of full time help to maternity cases becomes difficult in some months when there are a large number of cases, particularly if this coincides with the holiday period for home helps themselves. Most mothers are full of praise for the helps, and many request the same help when making a second or third booking. There have been 20 requests for antenatal and postnatal help even though other arrangements had been made for the confinement.

Details of all maternity cases booked and visited are shown below:—

<i>Full-time cases attended</i>	<i>Part-time cases attended (where other help available)</i>	<i>Cases attended after 48 hours (hospital delivery)</i>	<i>Cases booked but appointment cancelled owing to confinement in hospital for full period</i>	<i>Cases booked but finally withdrawn (private arrangements made)</i>	<i>Total cases visited</i>	<i>Total cases actually attended</i>
173	259	50	36	122	717	502

Requests for holiday help.—The requests for home help during holiday periods have increased. These requests come at a very difficult time for the Home Help Service since they are usually during the ‘works weeks’ when many of the home helps themselves are on holidays. The hospitals are tending to discharge a large number of patients because their staff want holidays, and the relatives requesting help have usually to take the same holiday period. This service was very much appreciated by the relatives concerned as they were able to take a well deserved holiday with the knowledge that their parents would be looked after. These cases do not receive regular assistance as the relatives manage to cope with them throughout the rest of the year and only call on the Service for this very limited period.

New Assessment Scale.—The introduction of the new assessment scale meant that many patients who had previously paid small charges for the services of the home help can now receive a free service. This reduced the amount of clerical work in the offices a great deal and relieved elderly patients, who had been somewhat worried about these small payments and who had to be contacted frequently to ensure that they were paid.

Home Wardens.—Five additional home wardens were appointed this year making a total of 25. They have continued to give a very good service with a wide variation in duties due to the different needs of the patients, the type of accommodation and the locality in which they work. Those serving in old property with outside toilets and the old type of Yorkshire range, which is the only source of cooking, have a much harder job than the wardens serving in modern well equipped flats. It is a service that the patients are beginning to take for granted and there is a tendency to expect too much from the wardens, hence the organisers are finding it necessary to give constant support to them to ensure that they are not overworked and called out unnecessarily. Great care has to be taken not to facilitate the avoidance of responsibilities by families whilst providing the necessary care. On the other hand, there is no doubt that most of the genuinely sick and handicapped are very appreciative and accept the more personal services that are given by the wardens that could not be performed by home helps.

In some cases the home wardens have been obliged to take over financial affairs as confused elderly patients, with no one else to help them, lost their pensions or hid their money. It was impossible for the wardens to shop or feed them otherwise. The arrangements have worked well, and it has been possible for the wardens to save a little to purchase new household necessities and keep the patients reasonably clothed.

Liaison.—The home helps and the home wardens have given a great deal of assistance to the district nurses by attending at the same time to help with the lifting of bedfast patients and washing patients when the nurse is unable to attend. This is a service which could be extended if sufficient attention could be given to the staffing problem and more time allowed for detailed instruction to the helps during training courses.

The Sheffield Social Responsibility Committee has extended its activities to more areas in the City, and volunteers have been very helpful in districts where the Home Help Service is stretched to capacity.

Laundry for Incontinent Patients.—During the year 37 housebound and incontinent patients used the service and 5,876 articles were laundered. The incontinence pad service has eased the pressure and eliminated much of the offensive laundry, but there still remains a constant demand. When laundry can be taken away from the home, it does enable the home help to concentrate more on the preparation of meals and general care of the patient.

Home Helps.—No improvement has been effected in regard to the retention of home helps. Helps engaged during the year numbered 252, but 278 left. The position has been further aggravated by increased demands from patients, and of necessity the organisers have become remote to patients and helps as visits have become infrequent. There is an obvious connection between this and the resignation of helps. Recruitment in itself is not the answer and the service can only function efficiently when it has a stable, contented work force.

All areas need home helps. There are two solutions, either to recruit more, or lose fewer. Obviously some helps leave for very justifiable reasons but equally so many leave for indefinite, vague feelings connected with a lack of knowledge in the job, and a lack of energy and purpose. Often it happens that the sickness rates of home helps before they leave are abnormally high. It would seem that those who will resign later, show signs of stress first and are becoming sick more frequently. Largely, this is because they become more anxious, with fears that are not clearly recognised, and worries that are indefinable. At this stage a great deal of help and encouragement by the district organiser would perhaps enable home helps to stay with this Service but, if no apparent interest is shown in their welfare, due to the pressure of large numbers, this problem cannot be met adequately. It is disheartening to note that during this year more helps left than were recruited and the sickness rate increased by 1,200 days over the previous year.

Training Courses.—As during last year it has been necessary to curtail training courses owing to the shortage of organising staff. As these courses have been so enthusiastically received by former helps and made it possible for them to give a higher standard of service to the patients in the past, it is hoped that they can be held more regularly in the future. While 64 helps attended the course there are still 310 helps waiting to attend.

Statistical Information is given on page 146.

HEALTH EDUCATION

By F. St. D. ROWNTREE, M.R.S.H., M.R.I.P.H., M.I.P.R., M.I.H.E.,
Health Education Organiser

"There is no rest for the messenger until the message is delivered"

—Joseph Conrad (The Rescue)

Health Education has the two-fold objective of helping the individual to contribute to the promotion of both his own and the community's health, and also of ensuring that proper use is made of the existing health and welfare services.

Throughout the country health educators are making significant progress in devising improved techniques of public health education. Unfortunately, little has been done at national level to co-ordinate this work so as to provide a national programme of health education with effective punch and drive. The Joint Health Services Council's Report on Health Education published in 1964 was greeted with enthusiasm by health educators as a break through in the development of a national programme and high hopes were held that the implementation of the Report would lead to the establishment of a new Central Body capable of stimulating and promoting effort on a nation wide basis. Regrettably no steps have been taken as yet to further their recommendations.

Nevertheless, 1965 marked a year of much progress and advancement in Sheffield's Health Education Service.

WORK AT THE HEALTH EDUCATION CENTRE

Final alterations to the health education centre were carried out in the early part of 1965. The centre now provides the following accommodation: ground floor, a large exhibition hall, interviewing and conference room, small lecture (and preview) theatre, laboratory and darkroom, two large general workshops, an artist's studio and storage accommodation. On the second floor, general offices, duplicating room, projection and equipment room, poster and leaflet store, exhibition store and a large lecture theatre with maximum accommodation for 150 persons. The large theatre is normally divided into two, providing both a lecture theatre and a display and practical work area for exercises and relaxation classes, displays, etc. Need for the small ground floor lecture theatre had become apparent early in the year following the increase in the number of requests from groups to visit the health education centre for lectures, film shows and tours of the health exhibition developed in the exhibition hall where permanent exhibition units carry displays on 'Foot Health,' 'Dental Health,' 'Smoking and Health,' 'Fire Prevention and Safety', 'The Work of the National Health Service and Vital Statistics' and 'Maternal and Child

Care'. Interchangeable units are available for use in the exhibition hall and provide facilities for special exhibitions and displays arranged according to season or the needs of a particular campaign.

Following the completion of the main structural works at the centre the volume of work undertaken by the Health Education Service expanded rapidly. With the new facilities available, the health education centre now conducts a comprehensive programme in its own right as well as providing co-ordination and support for City-wide activities. During 1965 there were 250 meetings arranged at the centre, 70 of which were out of normal duty hours.

Organisation and Implementation of Programme.—There was a continued development of the comprehensive programme of health education covering all aspects of mental, physical and social health at home, work, school and leisure. The programme is provided for individuals and groups and for the City as a whole in the form of 'blanket campaigns'. Support was also given for health education activities in clinics and welfare centres, schools, factories, shops and at the premises of community organisations; these included lectures, film shows, discussion groups, exhibitions and displays. Distribution of posters, leaflets and other literature was arranged in connection with specific activities or in support of general campaigns. These activities took place both at the health education centre and in other parts of the City.

Liaison with Organisations.—Since the establishment of the Health Education Service, close liaison had been developed with all types of statutory and voluntary organisations including other branches of the health service, Corporation Departments, particularly those concerned with community care, hospitals, schools and colleges, churches and local and national bodies interested in health and welfare.

Good relations have been maintained with press, radio and television; these media were of great help in bringing the work of the Service to a wider public.

Production of Audio Visual Media.—The comprehensive stock of audio-visual media at the centre has been extended. The new additions include cine films, filmstrips and display units, all of which are available to persons undertaking health education work.

In certain cases, teaching aids have been obtained from national sources and, where necessary, adapted and modified to meet local needs. In the case of major exhibitions, the display stands and contents have been produced in the health education centre workshops. Due to the generosity of both

individuals and organisations at national level, a number of films, display units and other costly teaching aids were provided on extended free loans for use in the City.

During the year, new large size displays on the following topics were produced 'History of Maternal and Child Care', 'The Home Nursing Service', 'Vital Statistics', 'Smoking and Health', 'Welfare of Handicapped Persons', and 'Fire Prevention and Home Safety'. Specially designed portable teaching and display units were also made for use in clinics and welfare centres in response to requests from the staff.

In-Service Training.—The programme of in-service and refresher training was expanded. Courses were provided on health education techniques and media and on various aspects of the professional work of the Department for doctors, health visitors, midwives, district nurses, public health inspectors and the staff of the Ambulance Service. Programmes of training were also arranged for housing welfare officers, teachers and youth leaders, nursery nurses and voluntary social workers, all of whom are actively engaged in occupations providing opportunities for health teaching. Specially designed courses of lectures were also given to students including medical, dental, nursing, child care, social workers and teachers in training. A number of conferences were arranged as part of the in-service training programme to which invitations were extended to the staffs of other local authorities and voluntary organisations. Subjects covered included 'Major Disaster Procedures', 'Resuscitation', 'Fire Prevention' and 'The Offices, Shops and Railway Premises Act'.

Meetings of professional bodies also took place at the health education centre, including the Society of Medical Officers of Health, the Institute of Social Welfare, the Association of Public Health Inspectors and the Institute of Health Education.

Health Information Service.—The practice of disseminating information on health matters to the staff of the Department, health and welfare workers, the press, radio and television and the general public was continued and extended. Information was provided both in response to individual requests and wherever material on a particular health topic of interest came to hand. Special releases of information and background material on 'Fire Prevention', 'Sexual Behaviour in Teenagers', 'Venereal Disease', 'Home Safety' and 'The Health of the Adolescent' took place during the year.

Health Education and Information Bulletin.—The publication of the monthly Health Education and Information Bulletin entered its seventh year with increased circulation. Both general and special issues have been

produced for distribution to health and welfare workers in the City of Sheffield and to a restricted number of individuals and specialist libraries both at home and abroad.

THE HEALTH EDUCATION PROGRAMME

Every effort has been made to provide a truly comprehensive programme of health education related both to individual and community needs at all stages of development and in all situations. Special subjects are introduced into the programme when the need arises or with a view to assessing future developments.

Environmental Health.—Following recent legislation, the range of duties of public health inspectors have increased, especially in connection with home improvements and the Offices, Shops and Railway Premises Act, 1963. In the past a small cadre of senior public health inspectors has been responsible for the provision of group education, but with the increased interest being shown there is no doubt that in the future more inspectors should undertake group as well as individual teaching. It is to be hoped that preparation for this work could be included in their basic training. The City Council's Clean Air Programme has been accepted by the public at large and there is little need for persuasive education on the desirability of smoke control. The majority of information requests are now on approved appliances and their use, rather than on the effects of the zoning programme. The preliminary educational and publicity activities during the initiation of the clean air programme, have had a combined effect in removing any doubts or objections which might initially have been present in the minds of the general public.

Personal and Family Health.—Personal health teaching related to the individual was provided during routine visits to homes by health visitors, district nurses, midwives, mental welfare officers and social workers, all of whom played an increasingly active part in the group teaching programme both for the general public and students in training.

Preparation for Parenthood.—The staff of the Maternal and Child Welfare Service provide parentcraft teaching during ante and postnatal classes. In 1965 day-time classes were held at maternal and child welfare centres and were attended by mothers. Evening meetings to which fathers and grandparents were invited, and which were once regarded as unusual, were arranged in connection with the majority of day-time courses and are now regarded as routine. Unfortunately, the attendance at some of the day-time antenatal classes fell, particularly where the mothers were working or had more than one child. For this reason, a critical re-appraisal of the type of programme being offered was commenced with a view to designing

new programmes which could meet the changing circumstances and interests of present day mothers-to-be. During the latter part of the year, discussions took place with the staffs of maternity hospitals concerned with antenatal teaching on the question of preparing a revised syllabus of antenatal education which could be basic to both local authority and maternity hospital programmes. Arrangements were made to commence experimental evening antenatal classes during early 1966, so that working mothers-to-be could attend early rather than late on in pregnancy.

During the year arrangements were made at the health education centre for day-time preparation of parenthood meetings; the formation of the Health Education Centre Parents Group; and courses for the staffs of shops selling maternity and nursery clothing and equipment.

Health Education of Young People¹.—The Joint Health Services Councils' Report on Health Education referred to a general lack of organised and methodical health education in schools due to a number of factors: that in general, head teachers did not accept that health education is a subject which has a place in the syllabus and that few teachers have the skills and knowledge of health education to enable them effectively to teach the subject whilst the school curriculum is already so crowded that there is little or no room for a subject which is not required for examination purposes.

It was suggested that health education should be treated as a subject in its own right and included in the school syllabus; and that the Minister of Health should call the attention of the Secretary of State for Education to the views of the Joint Health Services Council's Report on health education in schools.

It is pleasing to report that head teachers in Sheffield are favourably disposed to health education activity within the broad framework of the school programme. An increasing number of schools take advantage of the facilities of the Health Education Service, particularly for loans of equipment and teaching aids and the arrangement of school health weeks. The amount and range of content of health education provided in Sheffield schools does however vary, and the time may well be right for the preparation of formal schemes of health education for use at various levels. The preparation and implementation of such schemes would be in line with the Joint Committees' Report and would have obvious advantages from the use of pre-agreed but flexible syllabuses. In particular, this could lead to the development of more extensive libraries of teaching aids and background information designed to assist teachers implementing the schemes.

1. "Health Education" Report of a Joint Committee of the Central and Scottish Health Services Councils. H.M. Stationery Office, 1964.

The staff of the Public Health Department has continued to take an active part in providing health education in schools, particularly in the field of personal relationships and preparation for adult life. Courses on 'Health in Adolescence' have become a regular activity in a number of schools. Included in the courses are talks on mental, physical and emotional development when opportunities are provided for young people to discuss problems of relationships with members of the staff of the Department who, though technically 'outsiders', are well known to them.

Progress is being made through the arrangement of meetings for teachers, students and youth leaders for the preview and evaluation of media and techniques, and for discussions on personal and social needs of young people. It is felt that this work should be considerably increased in the future.

Youth clubs and groups make a considerable contribution to the education of young people and must be viewed as a part of the total educational programme. During the year, there has been increased co-operation between both voluntary and local authority youth groups, and special courses and meetings have been arranged at group headquarters and at the health education centre for ordinary club members, senior members and youth leaders of many types of organisation.

Other Special Groups.—The interests of individuals and groups with special health needs, particularly the elderly and the handicapped have been constantly borne in mind in the arrangement of the general health education programme. The club for children of problem families has continued its weekly meetings and has benefited not only the children attending but in many cases their parents as well.

An interesting development during the year has been the increasing number of individual visits made to the health education centre, particularly by young people who have minor social or emotional problems. These visits have usually resulted from contacts made during health education meetings at club premises. In many cases, the visitors merely wish to have an opportunity to talk freely to sympathetic listeners—as a result of which, many of their difficulties are resolved. The staff of the Health Education Service do not undertake any form of 'case work' and, where possible, an attempt is made to bridge the gap between the persons at need and the agency best equipped and competent to deal with their problems.

MAJOR CAMPAIGNS AND EXHIBITIONS

Smoking and Health.—Sheffield's drive to reduce cigarette smoking, described in detail in the 1964 Report, was continued through 1965. New visual material for use in support of personal education was

obtained or produced at the health education centre, and included cine films, posters, leaflets and an exhibition 'Smoking and You' which forms the centre piece of the health exhibition. References to 'Smoking and Health' were included in general health education talks, and poster topics were arranged coupled with the distribution of literature, in particular the smoker's record sheet which has been in constant demand since its introduction three years ago. The responsibility of both parents and teachers in ensuring that young people are made aware of the dangers to health resulting from smoking cannot be over-emphasised. Whilst the ultimate decision to smoke or not to smoke rests with the individual, an understanding of the dangers involved must be made clear, particularly to young people *before* the habit is established.

In April, the third "Five-Day Plan to Stop Smoking" was arranged at the health education centre in collaboration with the British Temperance Society. During the project, the need for the co-operation of the participants in evaluating the degree of success of the method was emphasised and it is proposed to review the results of the plan in twelve months' time.

Health of the Executive.—Discussions with senior executives in industry and commerce on health education for workers in factories and offices, emphasised the need for lectures on the health of executives. As a result, an experimental course, the first of its kind in Britain, was arranged.

It was felt that there were perhaps four special health hazards to which an executive might be exposed, namely, smoking, diet, alcohol and mental stress. As experts from the British Temperance Society were in Sheffield during the first week in April in connection with the 'Five-Day Plan' to stop smoking, they very kindly agreed to participate on those sections of the course dealing with smoking and alcohol.

The programme was as follows:—

DAY 1—Health Problems of Special Groups

An examination of the risks to health in the over-50's age group, with special reference to coronary thrombosis.

DAY 2—Smoking and Health

The dangers to health of tobacco smoking, particularly in the form of cigarettes.

DAY 3—The Effect on Health of Diet and Alcohol

A general examination of the effects of over-eating and of social drinking.

DAY 4—The Mental Stress of the Executive

An examination of the effects of tension, stress, over-work, emotional fatigue, etc.

DAY 5—General discussion and Appraisal of the Course

Examination of what positive steps can be taken by the individual to reduce the risk to health and to promote and prolong well-being.

Each meeting was from 3.30—5.00 p.m. on five consecutive days. Speakers included the Medical Officer of Health, the Deputy Medical Officer of Health, two members of the staff of the British Temperance Society and Dr. J. Whyte, Consultant Psychiatrist at Middlewood Hospital. The Health Education Organiser co-ordinated the discussions on the various days.

Conduct of the Course.—Meetings were held in the main lecture theatre at the health education centre and conducted in a relaxed and informal atmosphere. Initially, the meetings began with a short introductory talk, often supplemented with a film showing, which served as a basis for the full discussions that followed. The highest attendances were recorded for the sessions dealing with the 'Health problems of special groups' and 'Mental Stress', although interest was aroused and discussion prolonged during the sessions on smoking, diet and alcohol.

Final Appraisal Session.—The last meeting was devoted to course appraisal, and it was decided that future courses would bear in mind that executives have long range planned booking of their time and that a reasonably lengthy period of notice should be given of future courses: that a one day course covering approximately the same subject matter would be better than a course spread over five afternoons. Evening sessions should also be considered; that courses should be arranged so that the executives' wives could be invited; and that secretaries of senior executives would benefit from a short course.

It was felt that this pilot course provided information essential to the planning of future projects. The interest shown by those attending, as evidenced by their comments during discussions, by follow-up letters of thanks and requests for literature, indicated the value of arranging further courses on this theme.

Venereal Diseases.—The steady increase in venereal disease continues to be a matter of concern to health workers. Whilst the increase of this disease is apparent amongst all age groups, involvement of young people in the early and developing stage of life, is particularly disturbing.

The Consultant Venereologist who advises the Department reports :—

“Whilst there is a rise in the country as a whole, the incidence in Sheffield for 1965 showed that we have managed to hold our own due to a variety of reasons including speedier tracing of contacts, improved

treatment, co-operation between workers in the public health, social and welfare services, and publicity and education, Sheffield however, is changing, it is becoming more prosperous and cosmopolitan. Both of these factors are associated with the rising incidence of social problems, venereal disease being but one, and unless action is taken, we will be hard put to do anything in the coming years to contain these problems within manageable proportions.”

The Ministry of Health has pointed out in recent circulars that, whilst many men without symptoms who know or suspect that they have been exposed to infection by promiscuous intercourse, attend V.D. clinics for examination and tests, women attend for examination and tests much less frequently. Unfortunately, many sexually promiscuous girls and young women may be suffering from symptomless gonorrhoea unknown to themselves and these are a real danger to their consorts.

Special attention has been paid to the needs of young people, providing them with an understanding of what the sexually transmitted diseases are and giving information on detection and treatment. The film “Innocent Party” was extensively screened following its purchase early in the year. A second film “A Quarter of a Million Teenagers” was obtained in October and shown three or four times each week until the end of the year. Both of these films were obtained from the United States, and it is noted with regret that no up-to-date film is available with a British background. However, spasmodic talks and screenings of films provided contact with only a limited section of the population and rarely with groups of adolescents not belonging to youth organisations. Many young people indulging in casual sex have no opportunity to seek accurate information on sexually transmitted disease, and for this reason, the Director of Education was approached and asked to circularise head teachers with information on the films and other aids available in the hope that all children attending schools would have an opportunity of receiving proper instruction before the date of school leaving. These aids were also offered for use in the City’s training colleges.

The educational campaign for the general public was continued and there was a wide distribution of a series of posters, leaflets and information on Special Clinics. The local press published a number of news and feature articles in support of the campaign.

Cancer Education.—Cancer education is regarded as being one of the most challenging aspects of health education. The normal impersonal media such as posters, leaflets, and mass publicity campaigns or official notices have little use in this area of work and in many instances have been

proved harmful, inducing fear and reluctance on the part of persons to come forward for examination and treatment should abnormality be detected. For this reason careful consideration has been given to the instigation of a cancer education programme and so far lectures to the public have only been given on special request—an exception being 'Smoking and Health'. Expert opinion has been sought from the Manchester Regional Committee on Cancer on the best ways of widening the cancer education programme. It is proposed that there should be a gradual increase in cancer education and that the subject of 'Cancer' should be raised during health education meetings on other topics, thus obtaining audience reaction and increase the experience of the staff in this difficult subject.

Cervical Cytology.—Cervical cancer has recently come to the fore with increased and better facilities for cervical cytology screening. So far in England and Wales there has been a good response from women in the Registrar General's Social Classification I and II but a poor response from women in Social Classes IV and V. It is proposed that detailed discussions should take place on the best means of educating all sections of the population on the need for routine cervical examination in women over the age of 35 years. An increasing interest in the subject was shown by women's organisations in Sheffield, and proposals were made to form a small panel of lecturers and discussion leaders able to provide information in response to individual and group requests.

Mental Health.—The mental health education programme conducted by the Department helps foster a sympathetic understanding of all aspects of mental illness and provides information as to the services available to deal with them. During the year courses were arranged for parent groups attending ante and postnatal group meetings and for community organisations. The increased interest of adolescent groups in mental and emotional health and particularly human relationships is worthy of note, and in addition to routine meetings, a number of special training and discussion sessions were arranged.

Sheffield Show Exhibition.—An exhibition on the work of training centres was arranged in connection with the annual Sheffield Show. A site was provided close to the main entrance of the show ground where an exhibition 40' × 20' was constructed. Trainees gave demonstrations of the normal work carried out at the Towers Training Centre which included weaving, carrier bag manufacture, production of coat hangers, pan scrubbers and chain link fencing. A power lathe was installed and used by the trainees during the show. The trainees visited the exhibition in rota to give demonstrations and considerable interest was shown by the public in the level of skill attained.

Arising from exhibitions of this nature, is the improved understanding by the public of the training given to mentally handicapped persons at centres, as well as an increasing confidence awakened in the trainees.

In addition to local press publicity, the B.B.C. included a short item in Northern News, which featured recorded interviews with several of the trainees. This radio publicity was valuable in stimulating interest and was responsible for a number of employers visiting the exhibition stands with a view to assessing the capabilities of trainees for carrying out work. As a result of this a number of contracts were offered.

Whilst the main object of the exhibition was the education of the public, nonetheless, there was a considerable demand for the goods exhibited from both the Towers and Pitsmoor Centres, and both sales and orders were higher than during the previous year.

Dental Health.—The three year pilot scheme of dental health education previously described in the 1963 Report was concluded in October, 1965. Dental health weeks were arranged for schools in the Spring term. Throughout the remainder of the year less intensive dental health education continued as part of the originally agreed scheme. A number of schools who had had dental weeks at the beginning of the pilot scheme, continued to make requests for teaching aids and literature with a view to maintaining interest amongst pupils. But in the absence of continued stimulation, the interest of the general public and a number of schools declined.

New dental health education techniques developed during the pilot scheme were found to be more effective than formal didactic teaching, and it is regretted that an independent Ministry of Health evaluation which had been hoped for when the programme was first formulated, was not undertaken at the end of the three year period.

Education of mothers-to-be in dental problems is high on the list of priorities in promoting better dental hygiene in young children. With this in mind, a long-term joint research survey of dental knowledge and attitudes of expectant mothers has been organised in collaboration with the University of Sheffield Department of Dentistry.

Accident Prevention.—Home safety is an important health education subject and there was a considerable increase in the work devoted to this end. In particular the new Offices, Shops and Railway Premises Act, 1963 increased the duties of the public health inspectors who, with the assistance of technical assistants, have conducted a detailed survey of all business premises in Sheffield, advising where appropriate on the prevention of accidents.

Safety education is a continuous process throughout the working day for young and old alike, and involves behaviour at home, at work, and on the roads. Consequently the Department has a close liaison with all accident prevention organisations. The City police have co-operated in road safety programmes for the under fives, and the intensive 'Drinking and Driving' campaign begun in 1964 continued throughout the year. In November, the Fire Service publicised the National Fire Prevention Campaign with the theme 'Keep Fire Safely in its Place', and a special issue of the Health Education and Information Bulletin was produced as a supporting item. Other activities carried out in co-operation with the City Fire Brigade included a fire prevention exhibition at the Industrial Fire and Safety Conference together with the production of a full report containing copies of all the papers presented. This report was distributed to the participants and other interested bodies. Lectures and in-service training meetings were also arranged on the need for fire prevention.

The Voluntary Sheffield Home Safety Committee held a number of successful meetings on home safety at the health education centre. A local campaign was conducted on the dangers to children of playing with plastic bags, whilst the public's attention was also drawn to the potential danger of children's crayons of foreign origin with an abnormally high lead content. The local press were particularly helpful in supporting these activities.

The 'safety at leisure' programme commenced in 1964 was extended and a series of meetings (for leaders and senior youth club members) took place at the health education centre. Such topics as 'Training in Safety', 'Mountain and Moorland Safety', 'Safety out of Doors' were discussed. These have since been offered to community groups of young people throughout Sheffield.

Progress in Child Care.—1965 was the 25th anniversary of the opening of the Manor Welfare Centre. This provided an excellent opportunity for a major exhibition on maternal and child care to celebrate the clinic's jubilee. Exhibits of 'Past and Present Child Care'; 'Vital Statistics'; 'Work of the Maternal and Child Welfare Service'; and 'Parentcraft Teaching' were produced for display during the weeks commencing 28th June and 5th July. The centre was open to the public on four evenings, and during these periods film shows and lectures were available. Arrangements were also made for conducted parties of senior school children and pupils from training colleges to attend during the morning and afternoon sessions.

Alcoholism and Drug Addiction.—Alcoholism is not a notifiable disease, and there are no accurate figures as to its prevalence in the United Kingdom. Not all drinkers become 'alcoholics' but, nevertheless, the danger is

there and education as to this danger is essential for the public and for those who are suffering from this disease. After all, alcoholism is a disease requiring special treatment and the victim should not have to suffer moral condemnation and vilification.

Evaluation of teaching methods and media is being carried out with a view to assessing the best type of health education programme for future use. In the meantime, this topic is raised at general health education meetings concerned with diet, leisure and modern health problems, etc.

The increasing use of pep pills and drugs of addiction, particularly by young people, is a new public health and social problem and one which must be tackled with urgency if the situation pertaining in some other western countries is to be avoided. Unlike drinkers who do not necessarily become alcoholics, many who try pep pills for 'quick kicks' graduate to the more lethal and serious drugs of addiction (cocaine, heroin, and marihuana); quickly become 'hooked' and without treatment end on the scrap heap of personal and social degredation. At the time of writing, the National Union of Teachers at its annual conference noted with alarm the problem of drug taking by young people and pressed for urgent action. Since 1964 requests have been made by many head teachers and youth leaders for the inclusion of information on pep pills and drugs in discussions and talks for young people, particularly during the courses on 'Health of the Adolescent'. It is felt that this sporadic teaching should be increased and that drug-taking like alcoholism, venereal disease and smoking should be an integral part of the health education of every young person.

The Future.—The subjects which have received particular attention during the year are an example of the increasingly wide range of health education activities. The solution of such other health problems as: obesity, heart disease, early detection of pre-symptomatic disease, health problems amongst non-English speaking minorities, etc. can be assisted by carefully planned education.

The resources of the staff of the health education centre have been stretched more than in any previous year. In addition there has been considerable increase in the amount of work undertaken out of normal duty hours, by its male members.

	1964	1965
Health Education Organiser		
339 hrs. (equiv. 9 working wks.)		436 hrs. (equiv. 11½ working wks.)
Technical Officer		
485 hrs. (equiv. 12¾ working wks.)		564 hrs. (equiv. 15 working weeks.)
Visual Aids Assistant		
400 hrs. (equiv. 10½ working wks.)		466 hrs. (equiv. 12½ working wks.)

For the centre to expand its range of interests and programmes and to tackle the challenging problems of the late sixties, it is desirable that consideration be given to staff increases.

PUBLIC RELATIONS

Good relationships with the press, radio and television were maintained, resulting in valuable support for health education activities. Officers of the Department made a number of radio and television broadcasts mainly on health education problems.

During the year there was a steady stream of overseas visitors including senior officers of governmental and voluntary agencies from Afghanistan, Australia, Canada, Czechoslovakia, Japan, Yugoslavia, Kenya, Nigeria, Uganda and the United States of America.

The assistance of the Department in connection with health projects was again sought by other local authorities and organisations from different parts of the United Kingdom.

LECTURES AND FILM SHOWS

	<i>In Duty Hours</i>	<i>Out of Duty Hours</i>
Lectures by professional staff of the Public		
Health Department	68	93
Lectures by Health Education Organiser ...	78	98
Lectures (daytime parentcraft)	432	—
Film screenings followed by discussion ...	337	228

These figures do not include informal group meetings and in-service training lectures given to members of staff.

SOCIAL PSYCHIATRY

By J. STEPHEN HORSLEY, M.R.C.S.

Senior Medical Officer for Social Psychiatry

“True contentment is the power of getting out of any situation all that there is in it”—G. K. Chesterton

Social psychiatry is a progressive discipline involving family, community and psychiatry itself in a process of continual growth and change. There is an increasing appreciation of the importance of social factors which can stimulate the onset of mental disorder in the very young and old age. In both groups public health departments have a major part to play in co-ordinating and encouraging a closer co-operation between general practitioners, hospital staff, and the many other people specialising in different aspects of health and welfare.

An adequate description of social medicine, as of any other social process, becomes progressively more difficult as the older and more rigid frontiers that separated education, medicine, and sociology melt into a complexity of new relationships. A large part of our time is now spent in consultation and team work with those of our neighbours who work in other spheres of community care; for, so long as doctors, teachers, nurses and welfare workers, continue in comparative isolation of each other's work and training, there will be avoidable pitfalls in the gaps between departments.

The remedy seems to lie in the principle of ‘unlimited liability’, and in its acceptance, not only by the ‘converted’, but by every member of the community. By application of this principle, we are learning the meaning of more comprehensive care, better communications, and those much-needed changes in inter-personal relationships at every level of organisation.

New Roles for All.—Milieu therapy requires the doctor to step out of his traditional role, and to re-learn his function in a two-way relationship with staff who are no longer expected to be ‘resentfully dependent’ under medical direction. The doctor's new role includes some responsibility for examining the authority structure of the ‘unit’; and the first step is a modification of social attitudes and relationships within the Department; and, whilst reducing the amount of formal communication, to increase the extent of informal face-to-face exchange of information. The second step is to expedite parallel changes in the role of mental welfare officers, the greater part of whose time should be available for constructive social work rather than purely statutory duties. Some of the changes in their work could be expected to cause anxiety and tension; hence an important task for senior officers is to explain these difficulties and to ease the process of change.

The corollary to freeing communication within the Department is, of course, the opening up of fresh channels between ourselves and the public. One hopeful move in this direction is the increasing attendance of fathers at the special clinics for anticipatory guidance and family psychiatry. A few years ago it was rare to see a father in these clinics. Today they are regular visitors and their active co-operation means a great deal to their families. It is also valuable in removing misconceptions about social medicine.

Another vital channel of communication is maintained by the three professional committees which were reported in detail last year. These are:—(i) The Sheffield and District Mental Health Liaison Committee, (ii) The Committee for After-care of E.S.N. adolescents, (iii) The Committee for Helping the Family.

SHEFFIELD AND DISTRICT MENTAL HEALTH LIAISON COMMITTEE

This professional committee, formed in 1960, continues to meet regularly, under the chairmanship of the Professor of Psychiatry, Sheffield University, and includes representatives from Middlewood Hospital, Whiteley Wood Clinic, the Local Medical Committee, the Regional Hospital Board, the Child Guidance Clinic and the Public Health Department.

During 1965 the following important issues were studied:

- (i) the need for day centres for psycho-geriatric patients.
- (ii) the role of the general practitioner in preventive psychiatry.
- (iii) night care in emergencies.
- (iv) pre-symptomatic (psychiatric) screening of infants in the clinics for family psychiatry.
- (v) the use of Section 29 of the Mental Health Act 1959.

COMMITTEE FOR AFTER-CARE OF E.S.N. ADOLESCENTS

This committee which began as a working party in 1963 is continuing to investigate the progress of every E.S.N. boy or girl who has left school since 1960. The committee met five times during 1965, paying special attention to the value of youth club work with E.S.N. youngsters. Encouraged by the success of the Sheffield Tuesday Boys Club, the committee made detailed investigations into the possibility of beginning another youth club for E.S.N. girls. The committee felt that eventually mixed clubs would be more valuable, and there were some reservations in agreeing that it might be preferable initially to form a separate club for girls. It is hoped that in time some way of integrating the two clubs may be found.

Further study was given to the need to appoint a full-time senior officer, with a psychiatric social work qualification, for duties with E.S.N. children and their families. At present these duties are shared among a number of mental welfare officers whose priorities do not always allow sufficient time for the intensive case work needed with this group. The appointment of a specialist case worker is therefore recommended.

JOINT COMMITTEE FOR HELPING THE FAMILY AND FOR COMMUNITY CARE

An inter-professional committee for helping the family was formed in March 1964 by invitation of the Royal College of Nursing and National Council of Nurses of the United Kingdom. The Senior Medical Officer is chairman of this committee which includes representatives of the clergy, of each branch of the national health service, hospital matrons, district nurses, health visitors, and of each social work agency in the City including probation and the police.

This committee met six times at the Children's Hospital between January and June 1965 when it studied ways of achieving better co-operation between the different personal social services in the main areas of health and welfare:

- (i) Preventive psychiatry in the Maternity and Child Welfare Service.
- (ii) Early detection of children at risk by the general practitioner, the health visitor, and the schoolteacher.
- (iii) Care of children at risk by the Children's Department and by the Child Guidance Clinic.
- (iv) Co-operation between mental welfare officers and youth employment officers in helping handicapped adolescents.
- (v) Young women missing from home: the role of the Women's Police Service and the role of the psychiatrist.
- (vi) Medical and social aspects of after-care.

In November 1965 at the invitation of the Sheffield Council of Social Service a joint committee was set up when the Committee for Helping the Family co-opted the following: Miss J. M. Dench, N.S.P.C.C., Mr. H. J. Aldhous, Housing Manager, and Mr. E. E. Sainsbury of the Department of Sociological Studies. This joint committee has met five times during the winter evenings at Social Service House where it is making a special study of the following:

- (a) groups in community care (especially the old, and mentally handicapped children).

- (b) problem families (especially the need for establishing priorities in the use of skilled staff).
- (c) old people and how to help them to help themselves.

This committee will continue to meet from time to time during 1966 and its findings will be used in due course, by the British National Conference on Social Welfare, for the Sixth meeting of the British National Conference to be held at Church House, Westminster, from April 9th to 13th, 1967.

Preventive Psychiatry Unit

A sense of personal security, to keep quiet and listen, is a basic necessity in preventive psychiatry. The quiet unobtrusive work of the unit is by its nature the least spectacular part of any comprehensive mental health service; and only time can confirm the writer's belief that preventive psychiatry will one day become the greatest contribution of the Public Health Department.

The clinics for family psychiatry have a friendly informality which positively encourages whole families to come together. The interest and value of seeing father, mother and children is certainly worth the considerable trouble involved. In any particular session it is customary to invite the referring doctor or health visitor already in contact with the family; the short case discussions which take place after a family's departure frequently reveal further matters needing skill and attention.

During 1965, four sessions per week were devoted to antenatal care, two sessions to anticipatory guidance with the under-fives, and one session was reserved for the even more time-consuming work of marriage guidance. The following attendances during 1965 are given reluctantly, because they give so little indication of the quality of this work:

Mental Hygiene Clinics

Number of clinic sessions	...	...	...	...	...	113
Analysis of reason for referral:						
Antenatal care	...	...	...	...	...	264
Infant welfare	...	...	...	...	...	3
Marriage guidance	...	...	...	...	...	72
TOTAL						339

Children's Psychiatric Clinics

Number of sessions	...	...	...	...	...	57
Total number of consultations	...	...	...	...	...	154

Visitors to the Department.—Ministry of Health—Mr. J. Castelow, Advisory Mental Welfare Officer, and Miss Houghton, Regional Welfare Officer at Nottingham, spent the 2nd July, 1965 in the Department.

Miss Houghton, Mr. Castelow and Dr. Horsley spent the evening at Southey Hill House with the staff and all twelve residents, when there was an extremely lively and useful discussion very much on the lines of the usual Wednesday evening meetings. Afterwards Mr. Castelow remarked that there was a very friendly and relaxed atmosphere which enabled each of the residents to speak freely and spontaneously. He said it was rare in his experience whilst visiting other local authority hostels to find so much responsiveness among so many schizophrenic patients.

The following sections of this report are contributed by Mr. Hodge, Principal Social Worker and Mr. Lloyd, Chief Administrative Assistant.

SOCIAL WORK

The section dealt with a wide variety of referrals this year in addition to admission work, and there appears to be increasing recognition of the specialist contribution that mental welfare officers can make towards the prevention of psychiatric illness. In spite of a temporary stretching of resources to enable two officers to be seconded to training courses, the quality of the social work has been at a high level. The section has again demonstrated the viability of its social work service which functions in a medical setting but which is not medically supervised.

There has been improved co-operation with other medical and welfare agencies including the National Assistance Board which enlisted the help of the section in assessing the degree of mental disturbance in men living at the Woodhouse Reception Centre. Generally the year has been spent in consolidating the changes in organisation and focus of work which took place in 1964 and in paving the way for the broadening of the services, as more trained staff are recruited and as more of the present staff become trained. Five students were placed in the section from the Leeds Certificate in Social Work courses and from the Sheffield Child Care course, and there were in addition seven students from other courses who were placed for varying periods of observation.

ADMINISTRATION

Norfolk Park Training Centre.—On the 31st December, 1965 the numbers on the register at the centre were as follows:—

(a) Junior training centre	...	...	...	103
(b) Special care unit	...	...	...	31

Although this centre was designed for only 85 junior trainees, the number at the end of 1965 showed an increase of seven over that of 1964. To alleviate this situation, the Mental Health Services Sub-Committee in May 1965, commenced negotiations with the Sheffield Branch of the Society for Mentally Handicapped Children for the renting of part of the Society's

premises. It was intended that this building would serve as a temporary annexe so that adult trainees at Norfolk Park could be moved out, thus enabling the accommodation of an additional number of junior trainees. At that time there were 50 children under the age of 16 years who were on the waiting list for attendance at a training centre. It had been hoped that arrangements could have been made for the whole of the waiting list to be admitted by September, 1965. Unfortunately, it became necessary to repair certain major structural faults in two classrooms in the physically handicapped block of the junior training centre and, although negotiations for the use of these additional premises were completed in the middle of the year, it was not possible to admit additional children to Norfolk Park before the end of 1965. During the year it became apparent that the Norfolk Park training centre would not be able to accommodate all children who needed to attend a junior training centre. The additional accommodation at the Towers adult training centre is likely to be available by the Autumn of 1966, but the use of the Brunswick Street premises will still be necessary until the completion of the proposed new centre in the Norfolk Park area.

Norfolk Park Short-Stay Residential Unit.—Although the pressure for accommodation at this unit was once again concentrated during the summer months it was pleasing to record that, except for the first three months of 1965, the hostel was used considerably more during the off-peak period (September to December) than at any time since its opening in 1963. Once again staffing difficulties have been experienced. One of the main problems of a small unit is that of obtaining relief staff for periods of sickness and holiday leave. The principal and the staff of the junior training centre and the short stay home worked exceedingly hard in keeping open the short-stay home, particularly during the latter half of the year. Without their unfailing co-operation, the short stay home would have had to close down on a number of occasions.

Following repeated advertisements, and after a series of stop-gap measures, it was finally possible to appoint a resident senior housemother who took up her duties on the 25th October, some five months after her predecessor had left to be married.

Short-Stay Residential Unit

Number of admissions	...	...	...	...	...	...	88
Average length of stay (in days)	...	...	...	...	...	...	18
<i>Reasons for admission</i>							
(i) Parent(s) admitted to hospital, or illness				...	...		12
(ii) Rest for parents	...	...	...	...	...	...	26
(iii) Parents on holiday	...	...	...	...	...	...	36
(iv) Mother expecting a baby	...	...	...	...	...	...	4
(v) Other reasons	...	...	...	...	...	...	10

Condition of children admitted:—

Ambulant	59
Non-ambulant (cot and chair cases)	29
Hyperactive	22
Requiring to be fed	31
Epileptic	28
Incontinent	63

Pitsmoor Road Training Centre.—There were 110 names on the register at the 31st December, 1965, an increase of eight over the corresponding period of 1964. During the year contract work on behalf of the Executive Council and a firm of cutlery manufacturers was carried out, in addition to the other more established occupations. It is now apparent that the payments scheme for trainees over the age of 16, which became operative in 1964, had a marked effect in increasing the average attendances at the centre during the year.

The Lord Mayor and Lady Mayoress attended both the staff and the children's Christmas party in December. The staff was most appreciative of the interest shown by the Lord Mayor and the Lady Mayoress in the articles the trainees were producing and the work undertaken by the staff, in premises which are, to say the least, not very conducive either to the happy atmosphere which prevails at this centre, or to the expanding needs and diversity of training which a modern purpose-built centre for adults could provide.

The Towers Training Centre.—There were 95 young male adults over the age of 16 years, and four junior boys under the age of 16 at this training centre at the end of 1965. The figure for senior trainees was the same as at the end of 1964, but there was a reduction of six in those who were under the age of 16 years.

A feature of this training centre is the number of outside activities that have been organised by members of the staff. These include the fishing club and hiking club, whilst in addition the trainees attend a session at one of the swimming baths on one day per week. It is encouraging to have staff who are prepared to give of their own time to arrange and accompany trainees on these activities.

A member of staff returned from the National Association for Mental Health Course for teachers in adult training centres, and a further member of staff was seconded to the course.

Brunswick Street Training Centre.—On the 28th June, 1965, 23 young adult trainees over the age of 16, who were previously at the adult block at Norfolk Park, were transferred to premises rented from the Society for Mentally Handicapped Children, together with two male staff of the Norfolk Park training centre. Mr. Elshaw, formerly supervisor of the group,

again took charge in July, on his return from the National Association for Mental Health Course for teachers of the mentally handicapped. The transfer was effected quite smoothly and the trainees and staff settled down very well in their new surroundings. There has been an increase in the range of activities undertaken. Despite their severe handicaps members of this group are making paper and carrier bags, together with calendars, to a high standard and there is an increasing sales demand.

At the end of the year there were 23 trainees on the register.

Sheffield Show.—An exhibition, similar to that held in 1964, was again organised in 1965. In addition to trainees from the Towers, trainees from the Brunswick Street section were represented for the first time. Articles made at the Pitsmoor Road training centre were on show, and although sales are not the prime reason for holding these exhibitions, it was gratifying to record that a total of £227 was taken in respect of goods purchased and in addition orders to the value of £27 were received. This compares most favourably with £175 and £75 respectively for the previous year, especially as one day was completely washed out by heavy rain during the three-day show. Once again, it would not have been possible to hold this exhibition without the fullest co-operation from the parents of the trainees, the trainees themselves and the staff of the section. Without exception, the trainees enjoyed the show and look forward to the possibility of a similar exhibition in 1966.

Annual Camp.—Arrangements were made for a combined party of 87 trainees from the Towers and Brunswick Street centres to attend a week's camping holiday at Skegness from the 29th April to the 6th May, 1965, and for a party of 72 female trainees from the Pitsmoor Road training centre to attend the same camp from the 20th to 27th September, 1965. Staff from the respective centres accompanied the trainees and all expressed enjoyment. For the first time arrangements are being made for trainees from the three centres to attend a combined week's camp in 1966.

Training Courses.—The Authority continued its policy to second staff employed in the Social Psychiatry section to training courses. During the year, three members of the training centre staff returned from courses—two from the junior and one from an adult training centre course.

Southey Hill Hostel.—During the year there were 18 new admissions and five re-admissions, the average length of stay being four months. During the year Mr. and Mrs. MacPhee left to take up an appointment in Scotland, and once again difficulty was encountered in filling these residential posts. Following a period of three months pending the appointment of successors, it was only possible to keep open this establishment through

the co-operation of the Deputy Superintendent, the domestic staff, and certain mental welfare officers, who undertook duty at the hostel. Eventually we were able to welcome Mr. and Mrs. Hobbs as Superintendent and Housekeeper/Cook respectively.

Tuesday Club.—This club, opened in April, 1964, continued to function very successfully. It was originally intended as a boys' club for those in their last year at E.S.N. schools and those who had left school, up to the age of 21 years. The club's activities, however, have broadened considerably and in addition to the normal activities carried out in all boys' clubs, such as billiards, darts, table-tennis etc. now include classes in physical education, dancing, discussion groups, football, cricket, and organised climbing and hiking parties. In addition to E.S.N., or ex E.S.N. boys, the club also admitted boys from problem families, whilst as an experiment a number of grammar school boys were admitted to the club so as to stimulate interest in these new activities. All were hand-picked and do not act as leaders of groups, but as stimulators of interest in particular subjects. This experiment has proved highly successful. The club has a management committee for the control of finance and overall policy, but the day-to-day management of the club is delegated to the boys' committee.

The aim of the club is to assist in rehabilitating and integrating back into society young people from E.S.N. schools, and many others with varying social-adjustment problems. Arising from the attendance of these boys, a considerable number of welfare visits have been paid to their homes and, with the co-operation of the youth employment, probation and other services, employment has been found for a number of young people who have had difficulty in the past.

The club is affiliated to the National Association of Boys' Clubs and in 1965 obtained full membership of the Association, less than 12 months after it had been formed. It also won a trophy for the highest collection per head in the 1965 National Association for Boys' Clubs week.

One of the highlights of 1965 was the organising of a holiday in Southern Ireland for 16 boys of the Tuesday Club, by Mr. P. J. Hegarty of the Public Health Department and Mr. P. Furniss of the Council of Social Service. It is hoped to repeat this very successful holiday in 1966.

Thursday Club.—In view of the success of the boys' club, the possibility of opening a similar club for girls was explored. The main difficulty was obtaining suitable volunteers to organise such a club. A member of the training staff agreed, with the help of the organiser of the boys' club, to try and establish a similar club for girls. She was

assisted, in addition, by the Headmistress of the E.S.N. school for girls, and the club opened on the 21st October, 1965, when approximately 30 girls attended. Whilst it is too early to say whether this club will function as successfully as the boys' club, it was encouraging to observe that there had been no indication that attendances were falling off by the end of the year.

WELFARE OF HANDICAPPED PERSONS SERVICE

(Welfare of the Blind and Partially-sighted)

By A. J. BAKER, Chief Assistant (Admin.)

Welfare of Handicapped Persons

“The light upon her face shines from the windows of another world”

—H. W. Longfellow (Michael Angelo)

There were 1,015 names on the register of blind persons at 31st December, 1964, and this total was increased by 118 new cases, one person was re-certified and 11 persons removed into the area. There were 143 names taken off the register; 121 of these were deaths, four persons de-certified and 18 persons left the area.

In respect of partially-sighted persons, during the year there were 70 new cases; five persons removed into the area and 44 names were removed from the register (deaths 21, de-certified 4, removed from the area 3 and transfers to the blind register 16). The total for 1965 was 261—an increase of 31 over the previous year and the largest increase in one year since this register was began.

The total of blind and partially sighted persons at 31st December, 1965, was 1,263 (1,002 + 261) against 1,245 (1,015 + 230) at 31st December, 1964. (see p.p. 148-150).

It will be seen, therefore, that after the substantial increase last year in the total number of persons registered as blind (from 981 to 1,015) the total number on the blind register at 31st December, 1965, fell to 1,002, a reduction of 13. Also the number of new cases in the year (118) was the smallest number of new cases since 1960 when there were 103. The group variations are interesting:—

Age Group			Increase	Age Group			Decrease
4	...	...	1	1	...	...	1
11—15	...	...	4	2	...	...	1
50—59	...	...	11	5—10	...	...	3
65—69	...	...	3	16—20	...	...	1
70—79	...	...	1	21—29	...	...	3
85—89	...	...	1	30—39	...	...	3
90 and over	...	...	3	40—49	...	...	5
			—	60—64	...	...	6
TOTAL	...	...	24	80—84	...	...	13
			—	unknown	...	...	1
							—
				TOTAL	...	...	37
							—

The Ministry of Health, on the 23rd August, 1965, issued a circular to the Clerks of Executive Councils and Ophthalmic Services Committees drawing their attention to the desirability of encouraging ophthalmic medical practitioners and ophthalmic opticians to draw the attention of local authorities to patients, particularly elderly or handicapped persons living

alone or in remote areas, who have defects of vision which might qualify them for registration as blind or partially sighted persons. The Department has warmly welcomed this arrangement and has promised help if any requests are made.

TRAINING AND EMPLOYMENT FACILITIES

1. Persons Employed and Under Training

(a) In the Workshops for the Blind

The number of blind persons employed in the workshops at the 31st December, 1965, is shown in the table below:—

Area			Administration and miscellaneous	Men's Departments				Women's Department	Total
				Basket	Boot	Brush	Mat		
Sheffield	...	...	2	5	6	12	9	9	43
Doncaster	...	...	—	1	—	—	—	—	1
Rotherham	...	...	—	1	—	4	1	1	7
West Riding of Yorkshire			—	1	—	3	3	—	7
Derbyshire	...	...	—	—	—	1	1	1	3
All Areas	...	...	2	8	6	20	14	11	61

The number of blind persons on the workshop register (61) is two less than at the 31st December, 1964. During the year two names were removed. One worker (from the women's department) retired and one (from the boot department) died. Both were Sheffield cases.

The two trainees at 31st December, 1965, were both Sheffield C.B. cases.

Reference was made last year to the admission to the workshops of the first severely disabled sighted worker and in August, 1965, a second worker was admitted. This person is employed as assistant to the charge hand in the women's department. The previous admission was a man employed on ancillary work in the brush department.

(b) In Home Worker's Schemes

There are also two blind persons employed locally as home workers and the Committee agreed that, from the 1st April, 1965, the flat-rate augmentation payments made to these workers should be £5 5s. 0d. per week for the man and £4 15s. 0d. per week for the woman.

The Local Authorities' Advisory Committee on the Conditions of Service of Blind Workers at a meeting in November, 1965, also decided to set up a sub-committee to review arrangements regarding blind home workers.

(c) In Open Employment

New arrangements for placement referred to in the last Report are now firmly established and work well. An interesting example during the year was the placement of a man as an assistant in the microscopy section of the research laboratories of one of the large steel firms. Employment was also secured for a blind man who assembles hand saws, and a blind man was placed with a local firm of photographic finishers, developing films. Also in connection with 'open employment' (58 local persons are so employed) it is of interest to mention that blind telephonists are preparing for the introduction locally by the Post Office, of the Subscriber Trunk Dialling system and the Royal National Institute for the Blind has produced in braille an abbreviated directory for the use of blind telephonists.

For the first time a Sheffield man attended a special course which the North Regional Association, in co-operation with the British Oil and Cake Mills Ltd., has held on farming at the firm's research farm at Barlby near Selby. This course was designed for blind and partially sighted persons who have an active interest in either farms or smallholdings. The Sheffield man found the course, which dealt with poultry and pig-keeping—his special interest—to be most useful.

2. The Trade Position

The year closed with the work position in the workshops being rather difficult in the brush department, mainly arising from the severe weather conditions then prevailing, but also as a result of the changing national policy of local authorities in respect of the cleansing of public highways. The position in the other departments was quite satisfactory. Purchases by those authorities having cases in the workshops was again kept under review during the year.

Facilities were again granted, free of charge, by the Parks Committee of the City Council for a stand at the Sheffield Show which was held in Endcliffe Park on 2nd, 3rd and 4th September, 1965. The show once again provided good publicity for the full range of products normally available through the saleshop in Pinstone Street.

The Manager of the Gaumont Theatre, Mr. H. Murray, also offered free space in the foyer of the theatre for the display of the products of the Department during the week commencing the 18th October, 1965.

3. The Scheme of Payments to Blind Workshop Employees

In July, 1964, a National Joint Council for Workshops for the Blind was established. Decisions by this Council have been taken on a number of

minor items but the main business—a revision of the wages structure and conditions of service—has now been referred to a working party whose recommendations should be made known later in 1966.

Pending this report the Sheffield scheme, which has operated since 1951, and has been amended as necessary, continues.

At 1st January, 1966, the scheme was as follows:—

- (i) The standard payment rate for blind male workshop employees was £12 1s. 6d. (those qualified for the service supplement receive £12 8s. 6d.) and the rate for females was 75 per cent of this rate, viz:—£9 1s. 1d. per week (with the service supplement £9 6s. 4d.); these rates to be used for sickness and holiday payments.
- (ii) The standard 5 day working week is:—males 40 hours and females 35 hours.
- (iii) With regard to the qualifying earnings figures it will be appreciated that these are subject to revision from time to time as required.
- (iv) There is a standard augmentation rate for each group of workers, provided the workers reach the qualifying earnings figure as set out in the following scale:—

				<i>Qualifying Earnings</i>	<i>Augmentation</i>	<i>Total Payments</i>
				£ s. d.	£ s. d.	£ s. d.
MALES						
Brush pan hands	...	...	...	3 16 0	8 5 6	12 1 6
Brush drawn hands	...	...	...	3 1 1	9 0 5	12 1 6
Basket department	...	...	...	3 16 2	8 5 4	12 1 6
Mat department	...	...	...	4 19 0	7 2 6	12 1 6
Boot department	...	...	...	3 3 4	8 18 2	12 1 6
FEMALES						
Caning and seagrass seating workers...				1 18 3	7 2 10	9 1 1
Round machine (also netting)...	...			1 4 3	7 6 10	9 1 1
Light basket work	...	...	...	1 0 0	8 1 1	9 1 1

Those who receive the above payments will be regarded as qualified workers.

- (v) Workers' earnings are reviewed at six-monthly intervals; special reports are presented of those operatives who do not qualify in accordance with the foregoing scheme. The Disabled Persons Welfare Sub-Committee deals with these cases on their merits.

4. Sales

The following table shows the sales and the productive wages paid to blind employees in the workshops during the last four years:—

<i>Year ended 31st March</i>		<i>Productive Wages £</i>	<i>Gross Sales £</i>	<i>Less Purchase Tax £</i>	<i>Total Net Sales £</i>	<i>Gross Profit £</i>
1962	... ..	12,614	45,148	1,743	43,405	10,848
1963	... ..	11,238	42,415	1,130	41,385	8,245
1964	... ..	11,902	42,720	1,129	41,591	10,490
1965	... ..	11,549	42,560	1,188	41,362	9,721

Cash received from the sale of Thrift Tickets for the 12 months ended 31st December, 1965, was £462 3s. 8d. and the value of tickets exchanged during the same period was £500 9s. 6d.

The Committee examined the working hours of the saleshop staff and agreed that, as from the 3rd January, 1966, the saleshop staff should work a forty hour week spread over five days and that the shop should close all day on Thursdays. It was also decided, in an attempt to attract more customers, to completely modernise the frontage of the saleshop and this work was completed during the 1965-66 financial year. Earlier, in 1965, it was agreed to purchase a cash register for use in the saleshop.

The door-to-door selling problem to which reference has been made on previous occasions has continued and the Department has received many telephone enquiries as to whether certain salesmen are genuine. Many of these referred to an independent firm which has now ceased to operate. But the problem remains. The amending legislation on this matter which was hoped for and to which reference was made last year has not yet been forthcoming.

Discussions have taken place with other mat producing workshops for the blind in the north and as from the 1st April, 1966, a bulk buying scheme has been inaugurated for mat yarn which is, incidentally, the only major raw material still subject to the Government import charges levied at the end of 1964. The possibility of standardising selling prices is also being explored.

During the year the Committee agreed that the one central heating boiler which had become unserviceable should be replaced by an automatic fired coal burning boiler and that the second boiler should be similarly converted.

Various accounting proposals for stream-lining some of the clerical procedures at the Workshops for the Blind were introduced as from 1st April, 1965, and arising from these the staff was reduced by one clerk.

The Chief Assistant (Admin.) attended a course in June held at the Birmingham College of Advanced Technology arranged for Managers of workshops for the blind by the Industrial Advisers for the Blind. It was the first course of its kind to be held and covered the fields of management objectives and principles, factory organisation, together with layout and methods, production planning, cost control and industrial relations.

The capitation grant in respect of the provision of sheltered employment for severely disabled persons including the blind increased from £240 to £265 as from the 1st April, 1964. On 22nd February, 1966, it was indicated that there would be a further increase from £265 to £300 per annum with effect from 1st August, 1965.

OTHER WELFARE SERVICES

Visitation and Lessons.—The following table gives details of these:—

	<i>Blind Persons</i>		<i>Partially-Sighted persons</i>	
	1964	1965	1964	1965
Visits paid for special reasons	1,375	1,407	289	312
Visits of routine character ...	2,609	1,676	423	344
Individual lessons given ...	326	200	37	45
Social services rendered ...	154	90	11	12
	<hr/> 4,464	<hr/> 3,373	<hr/> 760	<hr/> 713

In addition to the above, 28 visits were paid to hospitals where 793 blind and partially-sighted persons were seen during the year.

The Committee again approved the attendance, by rota, of the home teaching staff at the activities arranged by the North Regional Association for the blind. These were:—

- (a) A special refresher course for experienced home teachers.
- (b) A week-end school.
- (c) A special week-end course for persons attending the previous year's special course.
- (d) The usual day conference.

Students on the Association's training course were also attached to the staff for field experience.

The North Regional Association for the Blind has also collected information from its constituent members in respect of the services operating for partially-sighted in the North Regional area and a report is expected later in 1966 on the sub-committee's findings.

Books printed in especially large or clear type, are now being more widely read but only a few of the partially-sighted are able to use them. To help these vision problems local ophthalmic consultants have been providing suitable visual aids for local partially-sighted persons.

Library Services.—The Committee has continued its grant to the National Library for the Blind. This service continues to be very popular.

Details of book issues:—

	<i>April 1st 1963 to March 31st 1964</i>	<i>April 1st 1964 to March 31st 1965</i>
Volumes issued direct by the National Library	4,077	4,139
Volumes issued from Sharrow	1,052	792
TOTALS	<u>5,129</u>	<u>4,931</u>

The year ended with some amendment of the library service operating from Sharrow. By agreement with the National Library for the Blind all persons wishing to use this service will now exchange their books directly with the library in Manchester.

The Committee again made a contribution to the Nuffield Talking Book Library for the Blind so that local persons using this could receive pre-paid labels for the return of their talking book records to the library for exchange. This new innovation has brought into line the position of persons with talking books and those using Braille or Moon books from the National Library for the Blind at Manchester.

At 31st March, 1965, 190 persons were using the service, 68 more than at the corresponding date in 1964.

Handicraft Classes.—These were continued as in previous years. Classes were held every week—on Wednesday morning for men and Wednesday afternoon for women. There were 100 classes in the period of review, the average attendance for men being 24 and women 22.

The special fortnightly class for the deaf-blind was again very much appreciated, transport arrangements being made to convey the members to and from the class by car. There were 18 classes and the average attendance was 13.

District Social Centres

(a) *Broomhill*

The first centre, opened in April, 1949, had 24 fortnightly meetings which were held in the Broomhill welfare centre, Taptonville Road, and the average attendance was 20.

(b) *Firth Park*

The second centre was opened in January, 1952, at the Firth Park welfare centre. 23 fortnightly meetings were held during the year and there was an average attendance of 25.

(c) *Manor*

A third centre was opened in January, 1954, at the Manor welfare centre, Ridgeway Road. 23 fortnightly meetings were held during the year and there was an average attendance of 26.

(d) *Sharrow*

A fourth centre was opened in May, 1954, and meetings are held in the concert hall at Sharrow Lane. 21 meetings were held and there was an average attendance of 20.

(e) *Darnall*

A fifth centre was opened in January, 1955, and meetings held at the Darnall Labour Hall. 23 fortnightly meetings were held and there was an average attendance of 29.

(f) *Hillsborough*

A sixth centre was opened in August, 1956, and meetings are now held at the Trinity Methodist Church, Middlewood Road. 23 meetings were held during 1965 and there was an average attendance of 15.

Children's Welfare Centre.—This centre was opened at the Parson Cross nursery in March, 1955. In February, 1956, it was transferred to the nursery premises at Carbrook, and from January, 1957, the centre has opened two days per week.

In November, 1962, changes were made in the various groups attending the nursery and, on the two days previously reserved exclusively for blind and partially-sighted children, other handicapped children are now attending. During 1965 the average attendance of all groups was 11 and 103 sessions were held.

Travelling Facilities for Blind and Partially-Sighted Persons.—When the Public Service Vehicles (Travel Concessions) Act, 1955, became operative, the City Council decided to grant travel concessions to the maximum extent permissible. So far as registered blind persons were concerned, this meant the restoration of the free travel concessions which operated up to September, 1954, and the restriction in regard to the purpose of travel was removed. At December 31st, 1965, 603 blind persons and 29 partially-sighted persons were pass-holders.

In June, 1956, the City Council permitted blind persons' guide dogs to be carried free on Corporation transport. At 31st December, 1965, there were twelve persons holding the necessary permits.

Provision of Holidays.—This scheme again operated in 1965 in accordance with the following rules:—

- (a) Financial assistance to be given for holidays in holiday or rehabilitation homes or elsewhere, as authorised in the approved scheme, where facilities are not available through the Care and After-Care Service or from any other source.
- (b) Assistance to be limited to the first 150 applications, and a flat rate grant of £3 per person to be made to cover both travelling and maintenance costs.
- (c) All applicants must be in receipt of a National Assistance allowance or payments which do not exceed the allowance to which the blind person would be entitled if that person were in receipt of National Assistance allowance.

(The Royal Sheffield Institution make an additional grant of £3 to each person approved for a holiday grant under the Council's scheme).

Chiropody Treatment and the Distribution of Comforts.—Both these services were continued in 1965. The chiropody treatment scheme has been available since 1943. The distribution of comforts to housebound and invalid persons was taken over by the Royal Sheffield Institution for the Blind from 1st January, 1964.

Wireless Sets.—The Department has employed a full-time radio mechanic since 1947 to service the sets received from the British Wireless for the Blind Fund. 474 of these sets were in use at the 31st December, 1965. Maintenance was also carried out on 72 privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed individually according to an approved scale; those in full-time employment pay full cost. During the year 124 sets were returned to the Department owing to deaths or receiver defects. 38 new sets were received from the B.W.B. Fund during the same period.

A summary of the work undertaken is given below:—

	1964	1965
Service visits paid	466	468
Repairs carried out at the workshops ...	146	150
Sets issued to blind persons for first time	77	59
Sets issued for replacement purposes ...	27	46

This service was extended during 1955 to certain persons on the Partially-Sighted Register. Eighteen gift sets which have been allocated are being maintained by the mechanic.

British Relay Wireless, Ltd., has now indicated, through their Sheffield office, that their relay radio service can be supplied to registered blind persons at a reduced rate ; the loudspeaker will be supplied by the firm on loan.

Bath Tickets.—The Disabled Persons Welfare Sub-Committee and the Cleansing and Baths Committee jointly continued to meet the cost to enable blind people to have free baths.

Provision of Entertainment.—Owing to a fall in attendances during recent years the holding of evening concerts at Sharrow Lane has now been discontinued except that Southey Methodist Church Choir again gave a Carol Concert as part of the Christmas activities.

The Sheffield Wednesday Football Club once again kindly allotted six free stand tickets for the use of blind people during the season 1965/66 for all first and reserve team matches. Sheffield United Football Club also allocated six free stand tickets for use during the same period. Messrs. G. Bentley and F. Yates kindly arranged a rota of voluntary commentators who attended the games and gave summaries of the matches to the blind men attending.

GOVERNMENT DECISIONS

There were two Government decisions of special interest to blind persons during the year. The first, by the Postmaster General was that all inland postal charges on articles for the blind (in respect of permissible articles) were abolished as from 17th May, 1965, and the second was the introduction of a new regulation that the special income tax allowance for blind people should be allowed from the date of registration of blindness and not, as previously, from the first day of the income tax year following registration. The allowance of relief from tax on £100 of income came into effect in 1962, and applied to any taxpayer if either he or his wife, living with him, has been registered as blind throughout the year of assessment. If both parties to a marriage are blind the allowance is £200.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE

The above Committee which was formed in 1948, continued its activities, co-ordinating the welfare work of the Royal Sheffield Institution for the Blind and this Department. The regular features which had proved popular in the past were continued and there was the usual joint outing. The destinations in June, 1965, were Bridlington and Derbyshire (Buxton and Matlock) and in August, 1965 a special evening outing was arranged for employed persons.

WELFARE OF HANDICAPPED PERSONS SERVICE

(General Classes)

By JEAN B. PARKER, M.B., Ch.B., Senior Medical Officer

*“Our doubts are traitors and make us lose the good
we oft might win by fearing the attempt”.*

—W. Shakespeare (Measure for Measure)

Welfare services for persons seriously handicapped by illness or accident have been provided by the local authority and administered by the Medical Officer of Health since 1952. Recognition of handicapped persons living in the community has been established and their needs continue to be investigated. The services are not yet comprehensive enough to meet the requirements of all disabled persons. Co-operation with statutory and voluntary agencies is closely maintained to ensure that handicapped persons can benefit from the services available.

Handicraft Centres.—Centres catering for handicapped men and women are in operation at Firth Park, Manor, Psalter Lane and Sharrow Lane. The majority of disabled persons who attend centres on one or more days weekly are engaged in simple handicrafts which encourage the use of residual abilities or initiate new skills. By this means improvement in health and activity can be sustained. There is a tendency for the more seriously handicapped to avoid occupational crafts, yet they enjoy social relationships formed with others at the centre. It is hoped that more constructive social activities can be developed to help this class towards greater independence. At present the large numbers attending these centres preclude individual tuition being given by the supervisors.

The centre at Sharrow Lane is a workshop where skill and speed can be promoted by the use of tools and simple machinery. Men are producing a high standard of woodwork articles and women are doing outwork supplied by an industrial firm. They must be able to use public transport or use motorised vehicles.

The Ministry of Health approved an alteration to the local authority Scheme for Handicapped Persons (General Classes). This allows men and women who can work five days weekly at Sharrow Lane and whose production reaches the required standard to earn a fixed payment of 15/-. This sum is in addition to allowances from National Insurance Schemes or from National Assistance. Although the remuneration is small, all who have participated have been encouraged by this acknowledgment of their ability to earn. Thirteen men qualified for this payment during the year. From this group one man and one woman has been promoted into the Workshops of the Blind as sighted handicapped working under the Ministry of Labour Scheme. Thirteen have returned to open employment during the year.

Young persons who are seriously handicapped are not easily assimilated into industry. The officers of Youth Employment can arrange training for some who can benefit, others are found jobs; some succeed and others fail to reach the required levels of speed and efficiency. This latter group are the ones notified to the local authority for occupation and training. The conditions under which such training is undertaken are not entirely satisfactory. Efforts are being made to improve these training standards in local authority centres and during the year they showed results. It was already known that handicapped adolescents with degrees of mental retardation need more support than others of average ability. Schools for the handicapped are visited by the social workers of the Welfare of Handicapped Persons Service. This establishes closer contact with teachers and later with the families. Guidance to parents before the child leaves school must play an important part in finding the right method to deal with handicapped school leavers. There is growing co-operation with the interested statutory and voluntary bodies.

The plans for employment of epileptics initiated in 1964 were put into operation in July, 1965. This is a conjoint effort between the Parks Department and Public Health Department and is subsidised by the Ministry of Labour. After a foreman with special responsibilities for a group of epileptics had been appointed, six epileptics seeking sheltered employment began work. After three months four more epileptics joined the scheme. It was agreed that, in the beginning, ten would be the maximum experimental number so employed. The conditions laid down that the men must be capable of 80% of a normal week's work with special allowances for any fits occurring before or during working hours. They are employed in clearing sites and at present no effort has been made to give any specific training. The men have worked well and it is hoped that a larger number of epileptics can be employed. Two men have been difficult at times but they have continued to work after investigation of their problems.

All the centres admit elderly people who are handicapped by age or illness. A day at a centre mitigates loneliness and apathy and, where the burden of care falls on relatives, it allows one day free from constant attendance. On Fridays a lively group of ambulant elderly men and women attend at Firth Park, whilst the 'Autumn Club' run jointly by the local authority and Council of Social Service meets on Wednesdays.

Patients suffering from or recovering from mental illness are admitted to handicraft or work centres. The psychiatric social workers are making more careful recommendations for patients who can benefit from attendance at centres. Many more are being found work in industry. Some do relapse but employers are more willing to accept these patients on their

return from hospital. The centres have proved an excellent means of adjusting and integrating this class of handicapped person into society. Moreover it relieves relatives of much stress involved in caring for them when they return to the community.

Psalter Lane centre provides for persons suffering or recovering from tuberculosis. They continue to work as a group apart from other handicapped persons.

Special transport is available for those who cannot use public transport. The demands on transport increase yearly as more seriously handicapped persons are notified to the Department. This means that non-ambulant handicapped persons who could benefit from daily attendance at a training or work centre are prevented from doing so. It has been possible to take a small group of men to Sharrow Lane once weekly. This group has shown that it can work under sheltered conditions three or five days weekly.

The Christmas parties held at the centres were enjoyable and successful. Many of the arrangements for entertainment were made by the patients in conjunction with the supervisors and social workers. Outings to the seaside and Buxton were enjoyed by the patients. The provision of a lunch instead of sandwiches was appreciated by all who went on these excursions.

The staff of supervisors under the direction of the Chief Technical Officer give instruction to handicapped persons in the centres and at home. They search for new handicrafts and new methods to encourage patients to achieve independence. It has been noted that the centres coping with large numbers of patients as at Firth Park and Manor need to be reorganised, and it is hoped that this will shortly be accomplished.

Housing.—The survey of housebound handicapped persons undertaken last year showed that some seriously disabled persons require specially adapted houses. It is pleasing to report that a number of these houses are likely to be built in the fairly near future.

Meantime a closer association between officers of the Housing and Public Health Departments has resulted in the re-housing of handicapped persons more adequately. The Chief Technical Officer and social workers of the Welfare of Handicapped Persons Service are consulted for advice. This approach to the problems is preventing some of the mistakes made when the choice was more restricted owing to scarcity of houses for normal families. Nevertheless some handicapped persons still prefer to select the site and type of house, and from time to time difficulties can arise.

The Department recommends alterations to be carried out where necessary. 154 were approved during the year at a cost of £2,877 3s. 3d.

The following alterations and adaptations were carried out:—

(a)	Construction of concrete driveways for motor-chairs	...	...	...	...	13
(b)	Provision of handrails to steps and stairs	...	...	...	...	114
(c)	Construction of concrete ramp	...	...	...	...	4
(d)	Provision of handrails in bathroom and/or toilet	...	...	...	...	4
(e)	Provision of handgrips in toilet	...	...	...	...	5
(f)	Provision of pavement crossover	...	...	...	...	2
(g)	Widening of door	...	...	...	...	1
(h)	Provision of toilet and washbasin	...	...	...	...	2
(i)	Construction of pathway to house	...	...	...	...	2
(j)	Provision of lever handles	...	...	...	...	1
(k)	Provision of shelves	...	...	...	...	1
(l)	Provision of light on stairs	...	...	...	...	1
(m)	Lowering of kitchen sink	...	...	...	...	1
(n)	Provision of french windows	...	...	...	...	1
(o)	Provision of garage base	...	...	...	...	1
(p)	Raising of power points	...	...	...	...	1

Carbrook Centre for Handicapped Children.—This nursery for handicapped children of pre-school age assists in the adjustment of these children into society through play and simple training in social habits. Thirty children attend weekly—15 on two days, 15 on three days. The journey to and from their homes is by special coach. Arrangements are such that parents can visit the nursery and learn how to cope with the child at home.

Clinic for Handicapped Children.—This clinic is held weekly on Wednesday morning at Orchard Place. Babies suffering from defects or considered to be at risk are seen by special appointment.

SOCIAL WORK

This year has seen the implementation of social-work policies envisaged in the Annual Report of 1964. This has been made possible by the appointment on the 1st September 1965 of four additional newly trained workers, plus a second senior social welfare officer, who joined the staff in January, 1966. Under the direction of the principal social worker, the two senior officers in the Department are to assume responsibility for the daily administration and supervision of their respective teams of social workers deployed on a district basis throughout the City, and each is to retain the specialist function for which he is especially qualified; one in the field of deaf communication and the other in student training. It is anticipated that the senior social workers will undertake casework supervision, and assist their colleagues to assess the degree of disturbance experienced by handicapped people in order that they may recommend and plan appropriate help.

The complement of home teachers is below strength and the case loads are above the national average. The increase in the present complement of male officers has created a more efficient balance of labour which improves the morale of the section and also the employment of staff in relation to individual case needs. Six of the home teachers on the staff have, during the year, been awarded the Letter of Recognition issued by the Council for Training in Social Work to welfare officers who have appropriate experience in local authority service.

The policy of the authority in sponsoring personnel for training is again to be commended and, subject to the exigencies of the service, 1966 should herald the end of an epoch in which the section was obliged to function, in the main, with unqualified, though not necessarily inexperienced, social workers. Next summer should see the return from training in Bristol of our first sponsored Younghusband candidate. Prior to his departure in 1964 he already held the home teaching certificate for blind welfare, and it is anticipated that he will now embark upon a pilot project of general purpose work within a sector of the City. Two members of staff on secondment are currently completing the first of a two-year course under the aegis of the Council for Training in Social Work at the College of Technology in Sheffield, and one other officer has been accepted for training next September. The section therefore is assured over the ensuing three years of an annual supply of newly trained officers.

Through the social studies department of the University of Sheffield, the authority has continued to make provision for its established officers to attend a series of weekly lectures, and some members of the staff have been authorised to attend refresher courses and appropriate study conferences.

The student training programme inaugurated in 1964 has been extended to include participation in the Sheffield University scheme for graduates who are engaged in social science courses, and the tutor officers in the Department have contributed progressively more to the practical application of professional training organised by the Home Office in child care, and by the Council for Training in Social Work. It is recognised that students in a department can act as a stimulus to older officers with whom they work in close proximity, and that the knowledge they often disseminate among fellow students is conducive to recruitment.

Over the past twelve months efforts have been made to improve the image of the social work section of the Welfare of Handicapped Persons Service. A closer liaison has been established with medical social workers in the hospitals, from which newly appointed staff have been referred for a personal introduction to our services, and there has been a closer link than

hitherto with the school health, education, and youth employment services in connection with handicapped school leavers. This particular branch of the service provides for the continuity of care and supervision of handicapped adolescents during their transition from school to adult life, and deals with the problems of adjustment and of re-integration with home and family.

In recent months voluntary societies have been co-opting on to their committees representatives from the section, and visits of observation have frequently been requested by workers and students from allied social agencies. Throughout the service there is an increasing awareness and understanding of the stresses occasioned by physical handicap and of the problems of adjustment concerning disabled persons and their families. The social workers have been conditioned to think along these lines and to embrace all other aspects of community care.

The process of integrating the blind and deaf specialist services, as yet incomplete, with those for the generally handicapped has been conducive to the economic planning of the service, and in the last analysis this has substantially improved the quality of the service provided for all classifications of handicapped people.

WELFARE OF THE DEAF AND HARD OF HEARING

At the 31st December, 1965 there were on the register kept by the Department 245 (246) deaf without speech; 211 (162) deaf with speech and 190 (186) hard of hearing, making a total of 646 (594) persons, the figures in parenthesis being the totals at the 31st December, 1964. The increase is accounted for by the addition of 52 Sheffield children who are at present attending the Maud Maxfield School for the Deaf and who have all been placed for the time being in the deaf with speech group. The register figures apart from this group have remained static.

It was decided to add the aforementioned children to the register so that a more realistic figure of the incidence of deafness in the City could be arrived at, and also because in 1965 an increasing amount of work was undertaken with deaf children below the age of sixteen. For some time there has been growing liaison between the School Health Audiology clinic and this section of the Department whereby children thought to be a risk have been notified to the School Health Service, and vice versa. It has been our experience to find that many parents need and appreciate a counselling service at this point of time. In many cases there has been no indication of the fact that they have a child with a hearing loss, and visits from a welfare officer with specialist knowledge and understanding

of the type of difficulties they may encounter has often been found to be supportive and informative. Many parents are totally uninformed as to the limitations or potentialities that their deaf children possess.

The relationship with the Maud Maxwell School continues to be strengthened. Regular visits are made to the school by the welfare officers who, by this contact, are able to contribute to the discussions on future employment of deaf school leavers, when the parents and vocational guidance officer and the welfare officer meet at the pre-school leaving interview. There is however a great need for the welfare officer to be in closer touch with the deaf child during school life and it is pleasing to report that this co-operation is growing.

GROUP ACTIVITIES

Deaf.—The social centre which is open every day of the week for the use of generally handicapped persons is also open on Wednesday evening, alternative Thursdays and every Saturday evening to meet the social needs of the deaf. Throughout the year the elected representatives of the deaf have organised activities both inside and outside the centre, the staff acting as advisors. The centre is also open once a month on a Sunday evening for a religious service for the deaf; a member of the staff acts as interpreter, using a combined method of manual language and signs. Speech is also used for those who are able to lip read.

Hard-of-Hearing.—The Sheffield Hard of Hearing Club which had previously met in a vestry hall in the City agreed early in the year under review to accept the Health Committee's offer of the use of the centre. This group has met one night a week at the centre and the standard of facilities offered may help to account for the fact that membership has increased at a time when the general trend is for such clubs to have decreasing membership. The Hard of Hearing group is an autonomous body but there is a close link with the welfare officer.

As stated earlier, the social centre is open every day of the week and for the evening activities mentioned above. It is also used once a week by a Boys' Club which is organised by the Social Psychiatry section of the Department. This centre is used by approximately 370 persons per week.

The Sheffield Association of Deaf People.—This Association continues to meet the spiritual needs of the hard of hearing, and meets every Sunday for a religious service in a room in a vestry hall. The rent for its meeting place is paid for by the authority.

Hard of Hearing Youth Club.—A Hard of Hearing Youth Club which was formed by members some three years ago continued to meet weekly in one of the City Community Centres. At its inception it was felt by the

founder members that this group should be allowed to develop with its own committee and with the minimum outside control and assistance, and this has been the pattern over the period. The membership has tended to fall over the year and integration with other users of the centre has not taken place. It may be that there is a need for a more positive role to be taken by the welfare officer with this group if the hoped for development is to take place.

Middlewood Hospital Group.—Regular monthly visits are made to deaf and hard of hearing patients who are brought into a group situation and for whom social activities are organised—the average group attendance has been 35. All members of this group do not join in the activities arranged but the regular bringing together of these patients seems to have made some of them more aware of each others difficulties. There are of course, amongst this group, some who have no other visitors apart from the welfare officer.

INDIVIDUAL SERVICES

During the year 666 visits were made to deaf and hard of hearing persons in their own homes whilst 236 visits were made to other agencies on behalf of those on the registers. All-purpose welfare officers are doing selective visits to deaf persons as part of the larger plan for more functional and economical visiting of handicapped persons. It has to be pointed out however, that the art of communication with the deaf person requires much practice and use, and will be very demanding on social workers with a responsibility for a 'mixed case load'. The officers have also made 111 visits to hospitals and 378 patients have been seen (included in this figure are those referred to above in Middlewood hospital).

Some 324 persons have called at the office in Town Hall Chambers seeking advice and assistance and in addition many more interviews are conducted by the welfare officers at the evening social centre. Great difficulties are sometimes experienced by the deaf in understanding and making themselves understood, and reference has been made to this lack of understanding and the limitations of language in previous Reports. During this year officers have acted as interpreters on 116 occasions. Interpretations either by manual language or lip movements can be needed in any situation where the deaf wish to communicate or receive an idea from a hearing person, and the figure recorded above is of interpretations carried out for official bodies only.

GENERAL

It is once again pleasing to report that during the year the Trustees of the Sheffield Association in aid of the Adult Deaf and Dumb made a grant of £250 to the Authority and this sum was set aside as a Voluntary fund from which we have been able to make grants to those deaf who seemed to be in need.

GENERAL PUBLIC HEALTH INSPECTION

"There's nothin' he don't know that's my opinion", observed Mrs. Gamp"

—Charles Dickens (Martin Chuzzlewick)

Each year the many duties carried out under the heading 'environmental hygiene' bring a variety of visits which are given in detail in the appendix (page 152). The shortage of public health inspectors limited the number of routine visits made, but technical assistants materially helped in the first inspections under the Offices, Shops and Railway Premises Act, 1963. Work on the improvement of houses with Discretionary and Standard Grants continued on application by landlords and owner-occupiers. Early in 1965 the authority made a scheme for the registration of Houses in Multiple Occupation. The Riding Establishments Act, 1964, came into operation during 1965 and four establishments were licensed.

Summary of Complaints, Enquiries, Correspondence, etc.—A statement is given, in summarised form, in the appendix (page 152) of particulars of the daily correspondence, etc., passed to the section for attention by the staff of public health inspectors.

Summary of Visits, etc., of Public Health Inspectors.—Particulars of the visits and general work of the staff of public health inspectors and technical assistants are shown in summarised form on page 152.

Sewerage and Sewage Disposal.—The following brief account of the arrangements for sewerage and sewage disposal in the City is based upon information supplied by the City Engineer and the General Manager of the Sewage Disposal Works:—

"Expenditure on Sewerage Capital Works for the year ended 31st March, 1966 is estimated at £35,000. A further £30,000 will have been spent on Revenue Special Works. The main capital schemes undertaken were (1) Abbeydale Road South—sewer duplication between Twentywell Lane and Baslow Road £15,582 (2) Crimicar Lane Surface Water Sewer, £19,259 (£3,408 spent during the financial year 1965-1966) and (3) Chesterfield Road South Sewage Pumping Station and Rising Main. This scheme is still under construction and £7,729 has been spent so far.

The City generally can be said to be sewered adequately apart from the capacity of the Main Outfall Sections which are below the required capacity."

"The sewage purification system is reasonably adequate and is steadily improving in various ways as modernisation proceeds under the Blackburn Meadows Sewage Works Reconstruction Scheme. The second phase of this Scheme (new screens and grit separation channels) completed in 1965, after a somewhat troublesome commissioning period, is now settling

down to be an efficient section of the works. Tenders are due shortly for the proposed sludge incineration scheme. In the near future, tenders will be invited for the third phase of the original Reconstruction Scheme i.e. new primary settling tanks. Tentative plans have been made for the development of works in the Rother Valley area but decisions are being withheld until the City boundary revisions have been settled."

Rehousing of Priority Cases.—During the year 913 applications were received for priority rehousing. These came from doctors, hospitals, social workers and private individuals—some were from other Corporation Departments, including the Housing Department, from Members of the Council and Members of Parliament.

These cases were concerned with old age, infirmity and various other medical conditions, including nervous and mental disorders and post operative complications; there were also some in respect of overcrowding, poor housing conditions, domestic hardship and family disturbance.

During the year the Housing Committee increased the annual allocation of houses for medical priority cases to 200, and this made it possible to recommend some cases which would otherwise have been held in abeyance.

All cases were, in the first instance, investigated by a public health inspector. Between January 1st and March 31st, 1965, the Medical Officer of Health recommended 23 cases for priority rehousing, and between April and December, 1965, the Deputy Medical Officer of Health and a Superintendent Public Health Inspector visited 384 cases, of which 179 cases were recommended for priority rehousing.

During 1965, 104 cases were rehoused into more suitable accommodation. Throughout the year the Housing Committee and Housing Manager were very helpful and considerate in dealing with cases recommended.

During the past 12 years, 6,928 applications for priority rehousing have been received and of these, 1,561 have been referred to the Housing Committee; the number of applications received during the year (913) was the highest number ever received, being 206 in excess of the next highest (707 during 1959) and there is no doubt it has become widely known that the Public Health Department is asked to assist the Housing Committee in its problem of trying to allocate as fairly as possible, the available accommodation.

Houses in Multiple Occupation.—Within the limits of a depleted inspectorial staff, work of enforcement under the Housing Acts, 1961-1964, has helped to bring about better management of houses in multiple occupation. Where necessary additional amenities such as separate water

supplies, sinks and drainers, bathrooms, toilets, separate cooking facilities and food stores have been required. These together with the provision of alternative means of escape in case of fire and the making of directions limiting the numbers of occupants, have improved conditions in many of the houses.

During the early part of the year, the Council’s Scheme for the Registration of houses in multiple occupation was confirmed by the Minister. A limited survey had already been carried out and lists of properties in multiple occupation, together with details of management had been prepared. Circular letters and forms setting out information required by the local authority were posted to all known owners of such houses and this, together with a good liaison with the local press, resulted in a quick response. By the end of the year, 606 premises had been registered and information received in respect of 57 premises which, although houses in multiple occupation, were not considered to be registrable. The Scheme for Registration, although at the outset it diverted staff from the main object of the Act, i.e. to bring about improvements, has proved worth-while. We now know our problem and the information contained in the returns, whilst not in all cases correct, indicates where best to deploy our limited staff. The need to register has led to some houses ceasing to be in multiple occupation whilst the owners of others have reduced the numbers of occupants.

The spectacular acceleration of house building in Sheffield in recent years resulted in a considerable reduction of the numbers of families on the ordinary waiting list for Council tenancies. This has, in turn, helped in reducing the demand for accommodation in houses in multiple occupation.

During the year the management of five houses in multiple occupation were prosecuted in respect of a total of 43 offences for infringements of the provisions of the Housing (Management of Houses in Multiple Occupation) Regulations, 1962. Fines totalling £249 were awarded by the court.

By the end of the year 15 houses in respect of which Management Orders had been made, complied with the Regulations. Additional amenities, having regard to occupancy, were provided in 58 houses, whilst alternative means of escape from fire were provided for 44 houses.

A summary of action taken is shown below:—

Total visits to houses in multiple occupation	...	...	...	...	...	1,503
Notice of intention to make a Management Order	...	...	...	...	...	6
Management Orders made and served (Section 12)	...	...	...	...	...	4
Legal proceedings in respect of bad management (Section 13)	...	...	...	...	...	5
Notices requiring amenities (Section 15)	...	...	...	...	...	53
Notices requiring means of escape from fire (Section 16)	...	...	...	...	...	43

Common Lodging Houses.—Only two common lodging houses remain in the City; both are small and accommodate 15 and 18 lodgers. The one at Brook Hill is owned by the Corporation and is in an area where demolition of properties is proceeding. The other is in Attercliffe and may be affected by property clearance in the fairly near future.

These premises are regularly visited by the police, and registration and supervision is carried out by the licensing section of the Town Clerk's Department. Public health inspectors make frequent visits to ensure that the environmental requirements of the Public Health Acts and Common Lodging House Byelaws are being complied with.

Caravans.—Sites were visited during the year to ascertain that conditions laid down in the licences under the Caravan Sites and Control of Development Act, 1960, were complied with.

A site on the rural outskirts of Sheffield with accommodation for nine caravans (weekends and holiday periods only), was the subject of a Planning Inquiry late in the year 1964. The Minister upheld the Planning Authority's refusal to renew planning consent and the site was cleared of caravans.

The owner of a site for 30 caravans (weekends and holiday periods only) on the outskirts of the City, submitted details of proposed improvements and requested minor amendments of the conditions laid down in the licence. The licence conditions were amended. 20 fixed huts on the site will be removed and work is expected to commence in the early part of 1966.

A conditional licence was granted for a single residential caravan to be sited in a public house yard situated on the outskirts of the City for a six month period only.

Canal Boats.—Visits were paid to the canal by the inspectors to ensure there was compliance with the requirements of the Public Health Act, 1936, and Canal Boat Regulations. See appendix (page 155).

Offices, Shops and Railway Premises Act, 1963.—Compilation of the register of premises in the City subject to the provisions of the Act and for which the local authority is responsible, was completed, although changes in occupancy and new registrations have continued to be recorded during the year.

Good progress has been made on general inspections of premises under the Act, and occupiers have been notified in writing of all contraventions found. Some revisiting of premises has been carried out and these show that requirements under the Act are receiving attention.

Investigation of notified accidents to employees continued but there is a strong feeling that many are not notified. Greater publicity is needed to make employers aware of their responsibilities in this respect.

During the year, a young male employee was using a power driven meat slicing machine in a shop, when the meat slipped, and in trying to prevent it falling off he put his hand on the machine table. His hand was carried to the blade, the guard happened to be loose and fell off, and he sustained injury to three fingers, resulting in the loss of parts of the fingers. Proceedings were instituted against the employers which resulted in a fine of £40 and £5 5s. 0d. costs.

Another notified accident involved a lady demonstrator of a power operated printing machine. A bone in her index finger was chipped and the finger lacerated whilst she prepared the machine for demonstration to potential customers. There was ample evidence that no guards were in position at the time. Our legal advice was that the courts would not regard the demonstration machine as “part of the equipment of the premises” as required by section 17(1) of the Act. The details were reported to the Factory Inspectorate Liaison Officer in the hope that consideration would be given to amending legislation being introduced to include machinery used in this way.

The existing sanitary accommodation to a large number of small shops and some small offices is situated in yards at the rear of the premises. When employers are required to provide lighting to these waterclosets, many of them consider a small hand lamp (usually electric battery type) kept on a hook in the shop adequate for the purpose, the lamp to be carried to the watercloset when required. This is to avoid the expense of a more permanent light. Guidance on this matter would be very useful to local authorities.

Inspections have shown that only a moderate number of premises are deficient in sanitary accommodation and personal washing accommodation; a larger number are deficient with regard to the provision of a supply of running hot water.

Inspections have also revealed that only a small number of offices have been found to be overcrowded within the meaning of the Act and in all cases these have been brought to the attention of the occupier, although the provision of additional space is not enforceable at the present time.

By the end of the year 1965, general inspections had progressed to such a degree that it was found possible to arrange for some revisiting of premises to see if the requirements had received attention.

A summary of action taken will be found in the appendix (page 155).

Improvement Grants.—Applications continued to be made for both discretionary and standard grants and a table showing the position up to the end of December, 1965, shown below. During the year preliminary work was carried out with a view to the Council declaring the first Improvement Area. It is hoped that this will be introduced at the beginning of 1966.

**Improvement Grants dealt with from the introduction
of the scheme up to the 31st December, 1965**

<i>Nos. of Enquiries</i>	<i>Formal Applications received</i>	<i>Applications approved</i>	<i>Nos. of Grants paid</i>	<i>Amount of Grants paid</i>
<i>Discretionary Grants</i>				
3,909	805	710	646	£176,463 12 0
<i>Standard Grants</i>				
9,016	4,568	4,012	3,011	£424,209 2 2
<hr/> 12,925	<hr/> 5,473	<hr/> 4,722	<hr/> 3,657	<hr/> £600,672 14 2

Disinfestation.—During the year, certificates were issued in four cases to secure the cleansing and disinfection of premises in accordance with the provisions of the Public Health Act, 1936, as amended by the Public Health Act, 1961. 38 certificates were issued in respect of verminous or filthy articles in premises; in each case the consent of the owner of the article was obtained before their destruction. Details of houses inspected for vermin on behalf of the Housing Department are given below.

Tenancy transfers and re-housing—Houses inspected for vermin on behalf of the Housing Department:—

	1965
<i>Corporation and Private houses inside the City</i>	
Houses inspected by the public health inspectors	4,681
Houses found to be verminous and sprayed with D.D.T.	102
Corporation houses sprayed with D.D.T. prior to tenant moving in ...	106
<i>Corporation houses only outside the City:—</i>	
Houses inspected by public health inspectors	145
Houses found to be verminous	—

Offensive Trades.—There are 17 premises in the City used for the purpose of offensive trades.

Animal Welfare.—Legislation designed to prevent cruelty to animals was further extended during the year by the coming into force of the Riding Establishments Act, 1964. Local veterinary surgeons were appointed to report to the local authority on premises before licences were issued. Licences setting out conditions in respect of four premises were issued during the year.

Eleven premises were licensed under the Animal Boarding Establishments Act, 1963, and 27 licences were granted in respect of pet shops under the provisions of the Pet Animals Act, 1951.

Rag Flock and Other Filling Materials Act, 1951.—At the end of the year there were 15 premises registered under Section 2 for the use of filling materials specified in the Act but no licences have been issued in respect of premises for the manufacture or storage of rag flock.

Rent Act, 1957.—During the year there were only four applications from tenants for Certificates of Disrepair and one certificate was issued. Two applications were received from landlords for certificates that defects listed on Undertakings on Form K had been remedied and certificates were granted in each case.

Factories.—The City Council's register contains particulars of 116 factories where no mechanical power is used and 2,601 factories with mechanical power. A table giving particulars required by Section 153(1) of the Factories Act, 1961, together with an analysis of the defects found, and action taken is shown in the appendix (page 156).

In addition to the factories registered there were other premises in which Section 7, relating to the provision of sufficient and suitable sanitary conveniences and their maintenance, is enforced. These consist mainly of sites where building and engineering construction is proceeding.

Outworkers.—In the case of persons employed in certain classes of work as specified by the Secretary of State, the occupier of every factory and every contractor employed by such occupier, is required by Part VIII of the Factories Act, 1961, to send to the Council twice yearly, lists of names and addresses of persons employed by them in the business of the factory, outside the factory. During the year there were nine such cases notified, and these were visited by the public health inspectors to ascertain if the conditions under which such outwork is carried out satisfied the requirements of the Act and Regulations.

Public Swimming Baths.—Numbers and details of public swimming baths in the City together with methods of purification have been detailed in previous reports and continue unchanged. Recently installed swimming baths in two hospitals in the City are now being used for remedial purposes. Both are run on a continuous circuit principle and are equipped with pressure filters and chlorination plant.

The bath attendants check the pH value and chlorine content of the bath water twice daily. The number of visits and samples tested or submitted for bacteriological examination are given on page 154. There were no unsatisfactory samples taken during the year.

Food Hygiene.—Details of food premises subject to the Food Hygiene (General) Regulations, 1960, and grouped in the categories of trade carried on in them are shown in the appendix, page 157.

WATER SUPPLY

*“Let us have wine and women, mirth and laughter,
Sermons and soda-water the day after”*

—Lord Byron (Don Juan)

The following report has been furnished by the General Manager and Engineer of the Sheffield Corporation Waterworks, whose co-operation is much appreciated:—

“The water supply provided by the Corporation to the City and district has been satisfactory in quality and quantity throughout the year. A direct piped supply is furnished to a population of 481,518 in 168,333 dwelling houses.

Most of the water supplied to Sheffield is derived from moorland gathering grounds within a radius of 15 miles of the City centre. It is filtered and chlorinated at source and requires the addition of lime to prevent plumbo-solvent action. The moorland sources are now augmented by the Yorkshire Derwent supply, a river derived water which is softened, chlorinated and filtered. Average results of chemical analyses of raw and treated waters are shown on page 158; a summary of the results of bacteriological examination of raw and treated waters is also shown.

The Undertaking exercises sanitary control over the entire water-shed of its moorland water sources by prohibiting developments which might contaminate the reservoir feeders and by removing or sterilising night soil from every dwelling on the gathering grounds.

163 samples taken from consumers' taps were examined for lead; 161 samples contained no lead, i.e. less than 0·02 p.p.m., one sample contained 0·02 p.p.m., and another 0·20 p.p.m. Four resamples of the latter at monthly intervals failed to show any lead.

A scheme for the fluoridation of the moorland derived water supply has been submitted to the Ministry of Housing and Local Government and details have been sent to the Planning Authority. On receipt of planning permission and the necessary Committee approvals, it should be possible to proceed with the ordering of plant and the construction of associated works.”

RODENT CONTROL AND REDUCTION OF PIGEONS

*"I saw a Puritane-one
Hanging of his cat on Monday
For killing of a mouse on Sunday."*

—Richard Braithwaite (Barnabee's Journal)

Sewer Disinfestation.—Rodent control in sewers has been carried out by direct poisoning using fluoroacetamide at a strength of 2% with a suitable bait and a bait preservative, the mixture being applied direct to the sewer manholes without any prebaiting. During the year the sewers in the built-up area of the City received one test baiting and four poisoning treatments. There are approximately 4,486 manholes on the sewerage system and test bait was applied to 4,266, takes of bait being recorded in 226 of the manholes. Poison-bait was applied to the infested manholes and associated manholes totalling 673, on four occasions. Takes recorded were 154, 56 and 16 respectively in the case of the first three poisoning treatments but the number of takes in the fourth treatment could not be ascertained as the manhole covers will not be lifted again until 1966 by which time the poison-bait will have become unrecognisable and probably washed away.

Three poisoning treatments were carried out in connection with sewers in outlying areas following upon a pilot test late in 1964, when one in every ten of sewer manholes was baited and 18 takes recorded in a total of 806 manholes tested. The first poisoning treatment commenced towards the end of 1964. Following treatment, 25 takes were found out of a total of 184 infested manholes and associated manholes. The first and second treatment during 1965 showed there were 11 and 16 takes respectively. Once again the number of takes in the last and third treatment cannot be ascertained, because the manhole covers will not be lifted until 1966.

River and Watercourse Disinfestation.—Whilst it is not permissible to use fluoroacetamide in the control of rats in rivers and watercourses, its use in sewer work has resulted in a saving of time so that it has been possible to give more attention to rivers and watercourses and these received three treatments during the year instead of two as in previous years.

The rivers and watercourses dealt with were the Don, Don Goyt, Sheaf, Porter, Loxley, Old Hay Brook, Chapel Flat Dyke, Shirtcliffe Brook, Meersbrook, Carr Brook, Bageley Brook and Frazer Brook. A total of 8,999 baiting points were laid, 1,147 takes were recorded and it is estimated 8,575 rats were killed.

The services of the rodent operatives have been made available to owners and occupiers of infested premises without charge insofar as domestic premises are concerned. Charges concerning business premises remain unaltered.

Applications and enquiries dealt with by the Rodent Control Service during the years 1963-1965 are given below, together with the numbers of baiting points positioned and the estimated numbers of rats and mice exterminated:—

	<i>Year</i> 1963	<i>Year</i> 1964	<i>Year</i> 1965
Number of applications and enquiries dealt with (rat infestation)	1,460	1,791	1,830
Number of applications and enquiries dealt with (mice infestation)	798	972	985
Approximate number of baiting points laid ...	32,861	32,358	31,273
Estimated number of rats exterminated ...	10,508	12,198	13,136
Estimated number of mice exterminated ...	20,487	19,287	20,340
Visits by rodent operatives re complaints of rats and mice	10,809	12,470	12,297

Pigeon Control.—Efforts to reduce the number of pigeons have continued and during the year 3,692 were destroyed. This is the largest number destroyed in any one year, being 2,103 more than last year, and makes a total of 10,018 destroyed since the service commenced in a small way in 1959.

OSGATHORPE DISINFECTING STATION AND TRANSPORT REPAIR WORKSHOPS

By E. M. LEWIS, M.I.R.T.E., A.M.I.M.I., A.M.B.I.M.,
Transport Officer and Disinfecting Station Superintendent

"The wheel that does the squeaking is the one that gets the grease."

—Josh Billings (The Kicker).

The new Osgathorpe Disinfecting Station was officially opened in 1960 as a comprehensive disinfecting station, large general stores, and major motor vehicle repair workshop. The station is pleasantly situated in private grounds approximately two miles from the City centre. The intended functions are now all working at near capacity.

Disinfecting.—The demand on the two "Manlove Alliot" major disinfector units is steady and consists of the sterilisation of hospital equipment and bedding, as well as bedding and personal effects of verminous and other cases treated in the unit. Extreme care is exercised in the identification and treatment of synthetically manufactured fabrics and bedding covers, often termed as 'man-made fibres', which cannot stand the high temperatures reached in normal disinfection.

Disinfestation.—Every effort has been made to keep this section of the Disinfecting Station to the fore with regards to new approved insecticides—in the eradication of such insect pests as bugs, beetles, cockroaches, crickets, fleas, silver fish and steam fly etc., from infested premises.

General Stores.—It can now be said that the major store unit at Osgathorpe has achieved the rehousing under one roof, of all the day to day requirements of care and after care equipment e.g. there is a stock of approximately 400 wheelchairs of which 150 are of the new folding travel pattern, and 500 commodes many of which are of the new chair type. In addition, stocks include bedding for pulmonary tuberculosis patients, all specialised mattresses, fire guards, crutches, walking aids, as well as large stocks of crockery and utensils—both for kitchen, nursery and use at centres. There is also a disinfectant bottling and preparation section for the distribution of prepared disinfectants as required.

Incontinence Pad Service.—This service commenced in May, 1965 as a six-day delivery service of incontinence pads to nominated patients. Soiled pads were stored in special containers and collected for destruction when new pads were delivered. (see page 49).

Motor Vehicle Workshops and Transport.—Both workshop and transport needs have grown over the past six years as illustrated by the fact that Ambulance and other Public Health Service vehicles have increased from 82 in 1960 to 95 in 1965. During the year the Public Health Department fleet covered just short of one million miles.

Briefly the fleet serviced comprises 50 ambulances, 6 civil defence vehicles, 8 home nursing cars, 1 welfare of blind vehicle, 1 mass radiography unit, 4 treasury vehicles and 24 general public health vehicles. The latter include specially built coaches for blind and physically handicapped adults. One of the most recent vehicles incorporated a fully hydraulic lift for wheelchairs. Smaller coaches used daily for transporting blind, spastic and severely retarded children were provided with special seats fitted with safety belts. To assist in the 'Meals on Wheels' Service vans have been prepared to operate a daily rota delivering hot meals to aged and infirm people. Approximately 88,000 meals were delivered during 1965.

Animal Diseases.—Equipment consists of three complete sets of white rubber protective clothing, two flame throwing units for disposal of fungus and other deposits around infected area, and four 10 gallon containers of white fluid disinfectants to B.S. specification. A large van has had a special partition built in with body suitably lined for easy cleaning and disinfecting.

Smallpox.—During the year, special arrangements were made to deal with the transport and disinfection of smallpox cases should the occasion arise. A suitable specification was drawn up in the Department workshops and a wheeled stretcher made with a sealed moulded hood in transparent plastic. The interior dimension of the transparent hood was designed to give ample room to the largest person. There is also an 11-in. aperture cut in the top of the hood, with an hinged lid of 12-in. This was a modification of a Liverpool designed stretcher, its purpose being the reduction of possible cross infection during transit and to further protect the ambulance attendants.

Cleansing of Verminous Persons.—49 persons were bathed and treated and their personal clothing, beds and bedding cleansed.

Treatment for Scabies.—186 adults and 375 children were treated for scabies.

Bathing.—89 cases were dealt with either at home or at the disinfecting station.

Disinfestation for Insect Pests.—Number of premises disinfected for bugs, fleas, beetles, silver fish and steam flies etc.:—

Corporation houses	...	...	...	...	...	...	152
Other Corporation premises	...	...	...	...	...	...	38
Private houses	...	...	...	...	...	...	241
Miscellaneous premises	...	...	...	...	...	...	56

Articles disinfested during the year (infectious diseases):—

No. of journeys made to and from station to hospital and dwelling in connection with steam sterilisation of bedding etc.	2,009
No. of items disinfected	10,005
No. of hessian sacks, ropes, yarn etc. for export, sterilised	7,850

HOUSING AND SLUM CLEARANCE

By H. GREGORY, Cert. S.I.B.
Superintendent, Slum Clearance Section

*"I have gout, asthma and seven other maladies,
but am otherwise very well."*

—Sydney Smith.

During the year, 1,887 houses included in the Slum Clearance programme were inspected by the staff of the Clearance Areas Section. Houses totalling 1,471 were contained in 78 Clearance Areas which were the subject of Official Representations made by the Medical Officer of Health and 57 houses were dealt with by Individual Demolition Orders. The Minister confirmed 27 Clearance Orders and 16 Compulsory Purchase Orders containing 559 houses. Nine Public Inquiries were held by the Minister in respect of 17 Orders containing 791 houses, and 312 houses contained in 19 unopposed Orders were inspected by an Inspector of the Ministry. A total of 1,134 families were rehoused from unfit dwellings.

In addition to the number of houses inspected for Slum Clearance 350 houses were inspected prior to being purchased by the Corporation in advance of requirements. Houses inspected for classification prior to being included in the slum clearance programme numbered 2,077. Certificates of Unfitness were issued in respect of 33 houses owned by the Corporation.

The year 1965 marks the end of the second five-year programme of slum clearance. In 1955, following a survey of the housing conditions in the City, the Medical Officer of Health prepared a report listing 12,068 houses which were unfit for human habitation. This figure included the back log of pre-war Clearance Areas. 5,663 houses were in Confirmed Orders, 2,875 houses were in Orders submitted to the Minister but not confirmed and had to be re-submitted, and the residue of 3,364 houses had not been previously represented. As a result of action during the past 10 years, only 462 of the original total require to be represented. These are contained in small blocks scattered throughout the City. The majority are back-to-back houses, the remainder are old worn-out cottages which have been absorbed into the urban development.

The survey of 1955 was a re-survey of houses included in schedules of unfit properties prepared pre-war, based on the standard of unfitness contained in the Housing Act, 1936. A new standard was introduced in Section 9 of the Housing Repairs and Rents Act, 1954 and re-enacted in Section 4 of the Housing Act, 1957. As a result of experience gained it became obvious that houses which were deemed to be fit by pre-war

standards could not be so regarded when applying the new standards. In 1960, the end of the first five-year programme of slum clearance, a further survey of the housing conditions in the City was made having regard to the requirements of Section 4 of the 1957 Act. The areas included in this survey were those built during the 19th century, mainly in the valleys of the Rivers Don and Sheaf where the environment of the areas had suffered in direct ratio to the growth and encroachment of industry. This survey revealed an additional 21,300 houses which were considered to be unfit. The estimated number of unfit houses included in the Slum Clearance proposals approved by the Minister of Housing and Local Government in August 1960, contained 29,800 unfit houses, 8,500 of which remained from the 1955 estimate plus the 21,300 revealed by the 1960 survey. It was estimated that a period of 20 years was necessary to secure the demolition of all these houses, and a programme designed to achieve this was approved by the City Council in November 1960. During the five-year period 1961-1965, 4,243 houses have been represented as unfit.

Building techniques have resulted in a rapid increase in the number of new dwellings that can be erected in a year. In order to provide tenants for these houses it is apparent that the speed of clearing the unfit dwellings must be increased. Ways and means of achieving this increased output are being considered but it is not an easy task. The work already carried out has resulted in the true 'slum' being a memory, and to describe this exercise as 'slum clearance' is a misnomer so far as Sheffield is concerned. However, there are many areas of unfit dwellings within the City and the clearance programme of the future consists of replacing these houses. Many others are outworn and contain all the items which add up to 'unfitness'; many are in a little better state of preservation but are still 'unfit' within the meaning of the Housing Acts. The survey of 1960 was concentrated on the areas which contain a majority of these types of houses, but which also contain a number of houses which may be described as sub-standard. Some will miss 'unfitness' by a narrow margin but nevertheless do not provide the standard of comfort and equipment which people expect and are entitled to, nor are they capable of providing this standard. The anticipated speeding up of the clearance programme should result in the demolition within the next ten years of most of the unfit houses in the 1960 survey. This is not the 'end of the road', however, because the housing standards are being raised and houses deteriorate with age and lack of maintenance. Clearance of unsatisfactory housing is a continuing process. Clearance of the 'slum' must be followed by urban renewal, that is the replacement of the so-called substandard, twilight and eventide houses, which can never provide satisfactory housing conditions. The best

that can be achieved with these houses is the installation of basic amenities to make life more tolerable for the occupants who must live in them as homes until renewal is possible. This is a poor substitute for new houses, and obsolescent housing should not be perpetuated if new housing is possible.

CLEAN AIR

By J. W. BATEY, D.P.A., M.I.Mar.E., F.R.S.H.

Superintendent Smoke Inspector

"Gardens are not made

By singing:— 'Oh, how beautiful!' and sitting in the shade"

—Rudyard Kipling (The Glory of the Gardens)

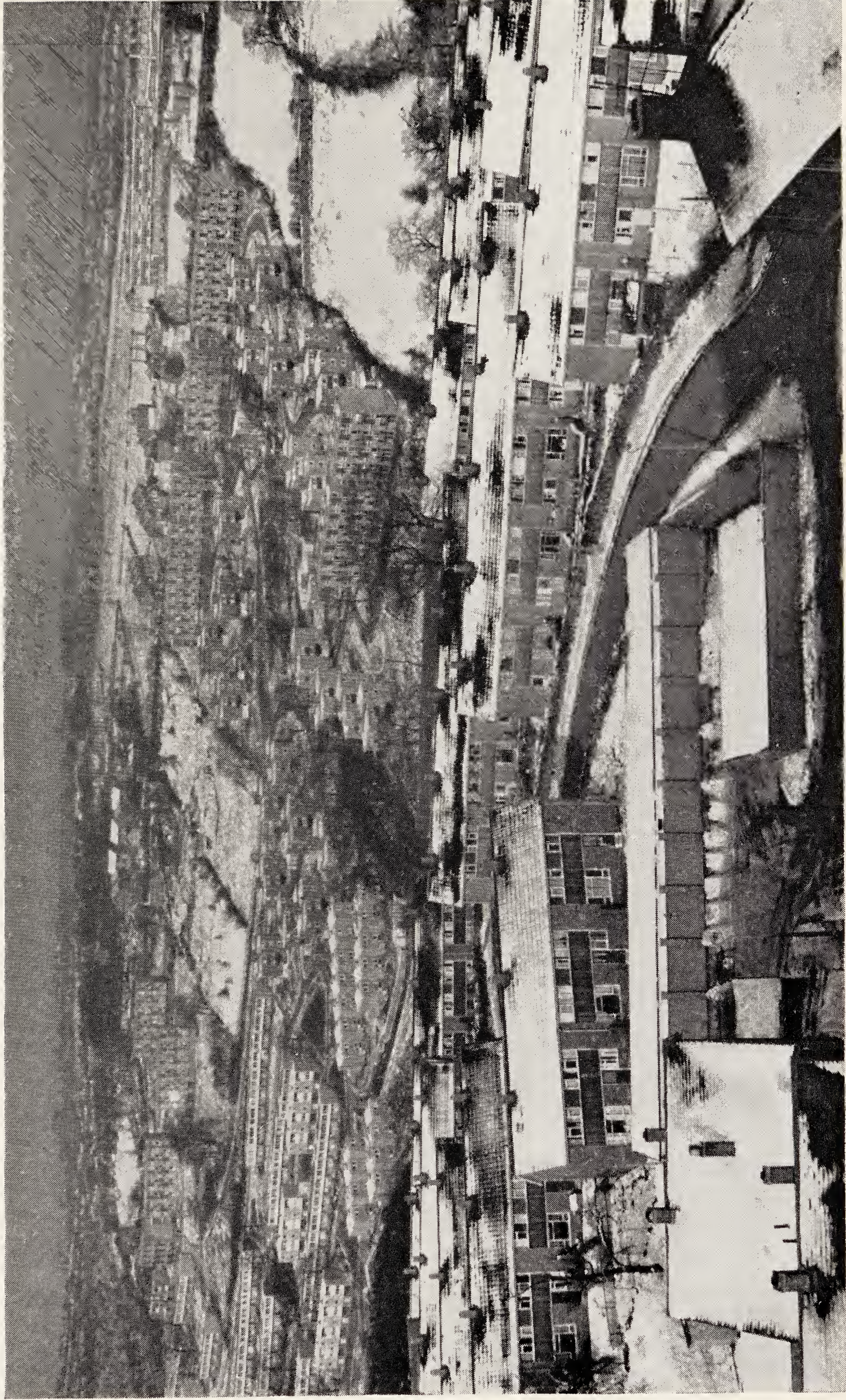
Industrial changes are usually so gradual that they are accepted with little comment. Thus the change-over from hand-firing to mechanical firing of coal, which is now complete (there are no coal hand-fed furnaces left in the area as far as can be ascertained) is a revolutionary change which has gone completely unnoticed.

The decreased smoke emissions which have followed this change-over would have made it worthwhile but, in addition, the following important advantages have occurred: reduction in manual labour; increased steam/power availability; direct saving in fuel cost; increased efficiency of plant; and finally but not least, ease and flexibility of control.

Although mechanical stokers were being used over 100 years ago it appears reasonable to suggest that their wholesale adoption was brought about, not so much by the desire to improve, but by the passing of the Clean Air Act, 1956. Hand-firing of furnaces could not meet the smoke emission limits of this Act. At the same time there has been a swing from coal to oil-firing for industrial purposes, and this has undoubtedly contributed to the cleaner atmosphere which we now enjoy.

In steel manufacture it is interesting to note the fuel changes which have, and still are, taking place. Open hearth furnaces were fired by producer gas which was generated from coal. This fuel was fairly recently superseded by oil. Today open hearth furnaces appear to be slowly giving way to electric arc furnaces which use electricity, which in turn is derived from coal. Thus the fuel usage in the steel melting industry has changed through the years from coal (producer gas) to oil and back to coal, via electricity. Such changes are not painless and many problems connected with air pollution arise from time to time.

Increased mechanisation requires increased technical skills. Greater dependence on, for instance, mechanical stokers, requires higher standards of maintenance and, very often, results are more serious if things go wrong. Equally, the use of oxygen as a fuel in the steel industry has brought the now well-known problem of 'brown-fume' and much time and effort has been expended in tackling this problem. There is no doubt that the overall trend in industry is for a lessening of air pollution and the figures obtained from the gauges bear testimony to the general reduction being achieved throughout the area.



‘The City now All bright and glittering in the smokeless air’

Gauge readings, to be of value, must be continued over a period of years and must be read with a knowledge of local conditions and circumstances. The lead peroxide gauge at Bessemer Road, for 20 years, gave one of the highest readings and the remarkable reduction which this gauge now shows, from about 18 milligrammes to 4 is attributable to the fact that the premises on which the gauge is sited and previously occupied by a steel works have been vacated and are at present empty—conclusive proof that this gauge was not representative of general conditions over the area. Nevertheless, the steady fall in pollution over the years is remarkable. Since the first Smoke Control Order became effective on 1st December, 1959, the pollution from smoke, as measured by the Volumetric Gauge, has dropped from 346 microgrammes per cubic metre to 133. With the same set of gauges over the same time period the sulphur dioxide average for all the gauges in 1955 was 267 microgrammes per cubic metre, whilst for 1965 it dropped to 156.

Although the effect of air pollution on fog is well-known, the effect of smoke control on fog is not so well known. Nor could it be well known as effective smoke control areas have not been in existence long enough for such information to be available. A long term view must be adopted when consideration is given to climatic variations, but taking the last two five-year periods of 1955-1959 and 1960-1964 for Sheffield, the total fog days were 208 and 98 respectively, or over 41 per year in the first five years and under 20 per year in the last five years. A fog day is a day when visibility is less than 1,100 yards.

No. 3 (Nether Edge), No. 11 (Heeley) and No. 14 (Park) Smoke Control Areas became effective during the year. The addition of these areas brought about half the City's total acreage into effective smoke control.

More detailed figures on air pollution are contained on pages 160-164.

The gauge figures showing the lowest monthly readings for smoke and sulphur in 1965 were as follows:—

Microgrammes of Smoke and Sulphur per Cubic Metre of Air						
Lowest Monthly Reading for 1965						
Site		Smoke	Month	Sulphur	Month	
Surrey Street		37	May	80	August	
Park County School		22	May	51	July	
Sharrow Lane County School		62	May	49	{ July	
St. Stephen's C/E School ...		37	July	48	August	
Newhall County School ...		74	July	113	July	
Milton Street Works		45	July	82	July	
Ellesmere County School ...		82	July	73	July	
Pye Bank County School ...		46	July	88	July	
Manor Clinic		63	July	68	{ June	
Turton Platts, Wincobank ...		58	July	47	July	
					August	
TOTAL		526		TOTAL	699	

The highest readings for the same year at the same stations were as follows:—

**Microgrammes of Smoke and Sulphur per Cubic Metre of Air
Highest Monthly Reading for 1965**

<i>Site</i>	<i>Smoke</i>	<i>Month</i>	<i>Sulphur</i>	<i>Month</i>
Surrey Street	151	November	312	February
Park County School	181	November	265	February
Sharrow Lane County School	323	February	158	February
St. Stephen's C/E School ...	202	February	192	February
Newhall County School ...	291	{ March November	313	January
Milton Street Works	205	March	292	February
Ellesmere County School ...	353	February	251	March
Pye Bank County School ...	167	March	252	March
Manor Clinic	206	February	193	February
Turton Platts, Wincobank ...	213	November	328	March
TOTAL	2,292	TOTAL	2,556	

**Sulphur Determination by the Lead Peroxide Method
at three Stations for the five years 1961-1965**

<i>Year</i>	<i>Milligrammes per 100 Square Centimetres Per Day</i>		
	<i>Attercliffe</i>	<i>Surrey Street</i>	<i>Fulwood</i>
1961	5·0	3·6	0·9
1962	5·0	3·4	1·2
1963	4·5	3·5	1·1
1964	3·8	3·0	1·1
1965	3·8	3·2	1·1

The averages of the monthly deposits of solid matter at three collecting stations in the five years 1961—1965, together with the highest monthly deposit at each station in those years is shown below:—

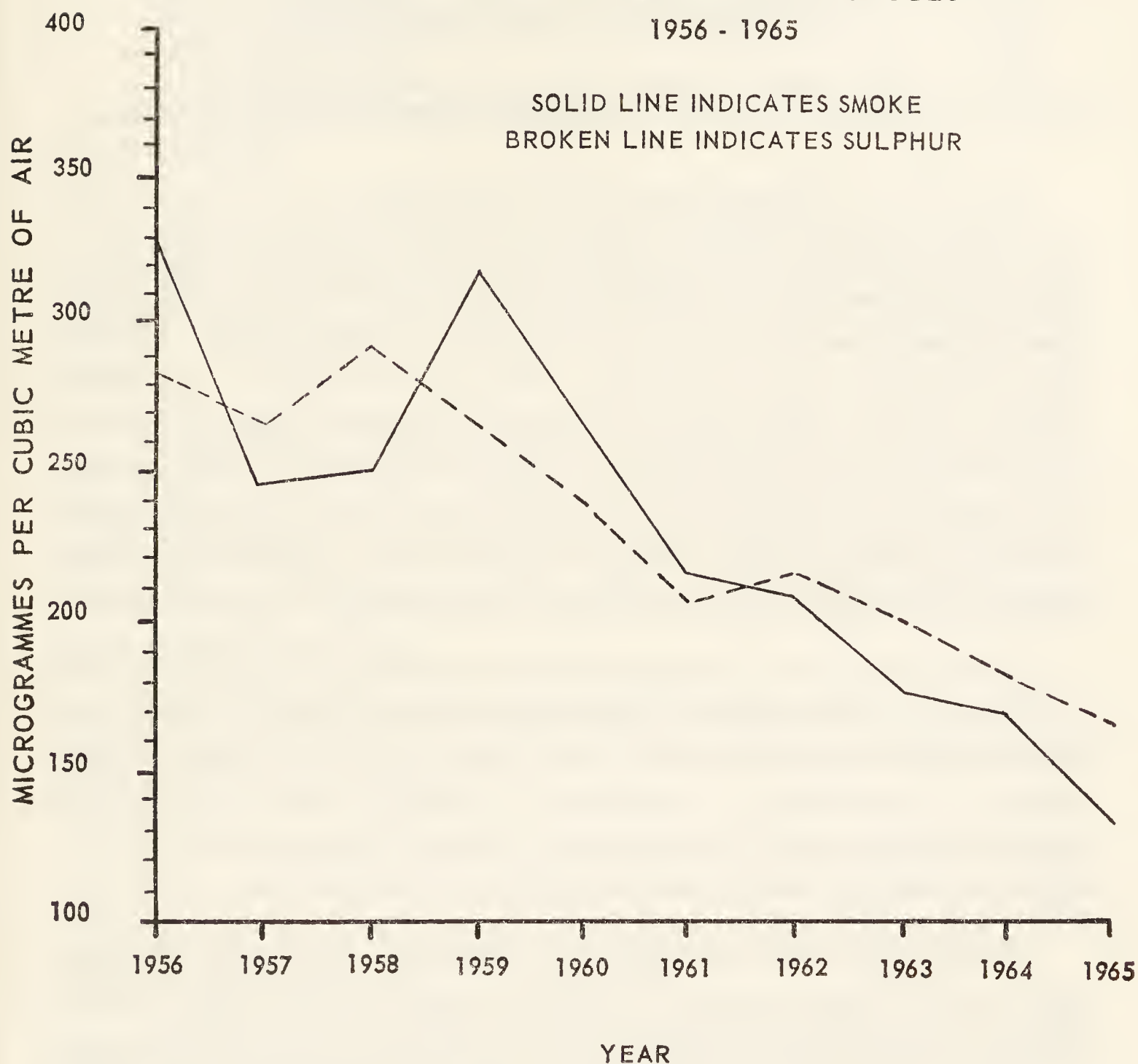
**Solid Matter Deposited at three Collecting Stations
during the five years 1961-1965**

<i>Year</i>	<i>Amount of solid matter (in milligrammes deposited per square metre)</i>					
	<i>Attercliffe</i>		<i>Surrey Street</i>		<i>Fulwood</i>	
	<i>Average Deposit Per Month</i>	<i>Highest Monthly Deposit</i>	<i>Average Deposit Per Month</i>	<i>Highest Monthly Deposit</i>	<i>Average Deposit Per Month</i>	<i>Highest Monthly Deposit</i>
1961	309	465	187	269	108	157
1962	299	404	256	341	136	221
1963	281	376	282	417	214	610
1964	282	465	258	433	143	274
1965	263	374	388	544	163	360

The station at Surrey Street ceased operation on the 1st July, 1965 and the average for the year cannot be taken as a true indication.

The graph following shows the trend in air pollution for the City.

TOTAL YEARLY AVERAGE OF SMOKE & SULPHUR
FOR ALL VOLUMETRIC GAUGES
1956 - 1965



SOME STATISTICS FOR 1965

Work carried out by the staff of the smoke inspectorate is shown below:—

Number of chimneys observed ...	...	...	...	...	...	11,353
Number of minutes of smoke emitted ...	...	...	...	...	...	3,162
Average minutes of smoke emission per half hour	...	...	...	...	...	0·27
Number of abatement notices served ...	...	...	...	...	...	24
Number of complaints dealt with ...	...	...	...	...	...	202
Letters sent to firms regarding smoke emission	...	...	...	...	...	58
Number of prosecutions ...	...	...	...	...	...	5

FOOD AND DRUGS

By G. A. KNOWLES, F.R.S.H., F.A.P.H.I.,
Superintendent Food and Drugs Inspector

"Take heed of enemies reconciled, and meat twice boiled."

John Ray (Spanish Proverbs, 17th Century).

Since the end of World War II the eating habits of the general public have slowly changed, and as a result many more people now take regular meals away from home. In addition Continental holidays have introduced many different and even exotic foods to the travelling public. This has also encouraged foreign restaurants which are increasing in number in Sheffield. On the credit side the attitude of the general public to food and its presentation has become keener. This can be seen in the daily enquiries and complaints received in the Department about food matters and in the increasing range of duties carried out by the staff. Despite two unfilled vacancies this Report does show the excellent record of work achieved.

It is true to say that the pattern of food sampling to check adulteration is changing. In the past milk samples were a major item, but now there is an ever increasing variety of other foods and drugs which require sampling. Whereas the percentage of adulteration is slightly below previous years, there is still no room for complacency as the four prosecutions and the eighteen official warnings given during the year will indicate.

Sheffield is a main distributive food centre for a large area of Derbyshire and the West Riding of Yorkshire around the City itself, and the quantity of foodstuffs condemned and destroyed for 1965, which amounted to nearly 93 tons, is a good illustration of the amount of food passing through the City's distribution channels.

GENERAL FOOD INSPECTION

A total of 10,750 visits was made during the year by the food inspectors to inspect food supplies at the wholesale fish, fruit and vegetable markets; wholesale, retail provision and food stores; cold stores, retail markets, butchers' shops, fish shops and to the one horseflesh shop in Sheffield. Possession was taken, at the time of inspection, of all food found to be unfit, and 92 tons, 19 cwts, 1 qr., 22 $\frac{1}{4}$ lbs. of food was condemned by the food inspectors as unfit for human consumption. All the condemned food was voluntarily surrendered by the owners, and it was taken to the Corporation destructor at Penistone Road and destroyed by burning.

Visits made by the Food Inspectors

Visits to markets and wholesale food premises	7,500
Visits to retail food shops	1,475
Visits to horseflesh shop	56
Visits to butchers' shops	1,229
Visits to wet fish shops	490

A table giving the details of the food condemned in 1965 is on page 165 in the appendix.

SAMPLING FOR ANALYSIS

1,070 formal and informal samples of food and drugs were taken during the year of which 27 samples (2·52 per cent) proved to be unsatisfactory. A table giving the details of the commodities sampled is on page 166.

Examination of Milk Samples by Inspectorate.—During the year, 123 samples of milk were examined and the 'Gerber fat' and 'slide rule solids' figures of the milks obtained. These samples were in addition to the samples submitted to the Public Analyst. This method has effected a definite saving in expenditure on samples and at the same time allowed more samples to be taken.

Legal Proceedings.—Legal proceedings taken during the year for offences against the Food and Drugs Act resulted in penalties totalling £118 13s. 0d. being imposed

Extraneous matter in food, as in past years, gave rise to numerous complaints. Two cases, that of a Bakewell tart contaminated with mouse droppings and of a loaf of bread containing a dead cockroach, were taken to prosecution and convictions obtained.

A prosecution in respect of milk containing added water was taken against a large dairy company and a conviction was recorded. The company pleaded that the offence was due to defects in storage tank installations on the farms supplying the milk. Due to the lack of a national standard for sausages it was necessary to ask the magistrates to accept the opinion of the Public Analyst that pork sausage should contain a minimum of 65 per cent meat. This they accepted and imposed a fine on the vendor.

Details are given in the following statement:—

<i>Offences</i>	<i>Penalties Imposed</i>		
	£	s.	d.
Pork sausage deficient in meat content (1 case)	14	11	0
Selling milk containing added water (1 case)	56	12	0
Selling Bakewell tart contaminated with mouse droppings (1 case)	27	2	0
Selling a loaf of bread containing a cockroach (1 case) ...	20	8	0
TOTAL	118	13	0

In addition to cases taken to prosecution warnings were given in cases detailed below:—

Milk containing small amounts of added water	...	...	3
Beef paste slightly deficient in meat content	...	...	3
Pork sausage slightly deficient in meat content	...	...	5
Potted meat containing an excess of water	...	...	2
Salad cream deficient in edible oil	...	...	1
Butter containing a slight excess of water	...	...	1
Cut mixed peel containing an excess of preservative	...	...	1
Lemon curd deficient in soluble solids	...	...	1
Orange butter sponge with butter cream filling where the cake contained no butter fat and the filling was not wholly butter fat	...	...	1

Where warnings were given follow-up samples were taken to ensure that the offences were not repeated.

THE MILK SUPPLY

The daily amount of milk consumed in Sheffield in 1965 was equivalent to 0·72 pints per head of population. The average quality of the milk consumed, as judged from the 440 samples of milk examined during the year, was 3·79 per cent. of milk fat, and 8·74 per cent. of milk solids other than milk fat. This is well above the minimum standard for genuine milk, laid down by the Sale of Milk Regulations, 1939, viz. :—of 3 per cent. milk fat and 8·5 per cent. of milk solids other than milk fat.

The average quality of the 41 samples of Channel Island Milk taken during the year was 4·7 per cent of milk fat and 9·07 per cent of milk solids other than milk fat. The standard for this milk is a minimum milk fat content of 4 per cent.

Milk samples are taken daily from the milk distributors as they are delivering to consumers in the City, and the quality of the milk is tested. Farm and tanker supplies of milk to the Sheffield dairies are also checked.

Sheffield's milk supply consists wholly of Designated Milk and is retailed exclusively in bottles and cartons. The types of milk sold are Pasteurised, Channel Island Pasteurised, Sterilised and Untreated (formerly Raw Tuberculin Tested) Milk. A small quantity of homogenised pasteurised milk is retailed by two dairies. The whole of the milk supplied to school children was pasteurised.

MILK AND DAIRIES REGULATIONS

Milk and Dairies Regulations and Milk (Special Designation) Regulations.—The inspectors made 42 visits to dairy premises to secure compliance with the above Regulations.

Milk of Special Designation.—The estimated total daily consumption of milk in the City for 1965 was 43,976 gallons. Of this amount 42,453 gallons (99 per cent) was heat-treated milk. Pasteurised Milk represented

41,233 gallons of which 2,264 gallons were Channel Island Pasteurised Milk, and 1,220 gallons were Sterilised Milk. Untreated (Raw Tuberculin Tested) Milk sales totalled 523 gallons or 1·2 per cent of the total. The whole of this milk was farm-bottled and came from three farms in the City and eleven farms in the adjoining area of the West Riding of Yorkshire.

There were four licensed pasteurising dairies and one licensed sterilising dairy in the City during the year. The milk in all cases was pasteurised by the 'High Temperature Short Time' method. Pasteurised Milk from two dairies outside the City was sold in Sheffield during the year.

443 samples of Pasteurised Milk were taken for bacteriological examination. All the phosphatase tests were satisfactory. 437 samples satisfied the methylene blue test. The tests on the remaining six samples were declared void because the atmospheric shade temperature during the test was too high. All Pasteurised Milks were examined for the presence of *B. coli* and, except for eight samples, returned negative results.

All the 161 samples of Sterilised Milk satisfied the turbidity test.

The Sterilised Milk sold in the City was processed at three dairies, two of which are outside Sheffield. Most of this milk was sold in grocers' shops. There was a notable decline in these sales mainly due to property demolition and the consequent closing of street corner shops.

ICE CREAM

Bacterial Examination.—50 samples of ice cream were submitted for bacteriological examination. 22 samples gave Grade I results, 7 were placed in Grade II, 4 in Grade III and 17 in Grade IV. *B. coli* was found in 35 samples. Samples placed in Grades I and II of the Provisional Methylene Blue Test for ice cream are considered satisfactory. The manufacturers of the samples giving unsatisfactory results were notified and advised. Repeat samples were taken to ensure that the necessary improvement had been effected.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

16 samples of miscellaneous foods were examined for food poisoning organisms with negative results. Sewer swabs, positioned in the drainage system of food preparation premises, gave negative results when examined for food poisoning organisms. These tests were purely a precautionary measure and confirmed the negative results already obtained from food prepared on the premises.

MEAT INSPECTION BYELAWS

Although by virtue of the Meat Inspection Regulations, 1963, all meat should be inspected and, if passed as fit for human consumption, stamped by the inspecting authority, there are still supplies of meat which have not

been stamped. Our local byelaws, made under the Sheffield Corporation Act, 1937, enables us to require such meat to be taken to the Corporation Abattoir for inspection. The food inspectors made 1,229 visits to butchers' shops and also visits to other food preparation premises and examined the meat deposited there to ensure that it had not escaped proper inspection.

MERCHANDISE MARKS ACT, 1926

The various orders made under the above Act require imported apples, butter, tomatoes, meat, bacon and ham, dried fruit, eggs, oat products, poultry and cucumbers to be marked on exposure for sale with an indication of their origin. 254 visits were made to various food premises to enforce the provisions of the Act.

PHARMACY AND POISONS ACT, 1933

Premises on Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List (at December 31st, 1965)	533
Premises added to the list during the year	43
Number of routine visits and inspections in the year 1965	124

FERTILISERS AND FEEDING STUFFS ACT, 1926

Six samples of fertilisers and five samples of feeding stuffs were taken and submitted for analysis during the year. The analyses were all satisfactory and are detailed in the appendix on page 167. One sample of General Purpose Manure contained a slight excess of nitrogen and the attention of the manufacturers was drawn to this matter.

FOOD HYGIENE

Particular attention is paid to any infraction of the Food Hygiene Regulations observed by the food inspectors whilst they are carrying out their normal duties at food premises. The Superintendent Food and Drugs Inspector spoke to a variety of audiences during the year on food hygiene and associated matters. Requests are received every year for such lectures and talks. The requests emanated from food trade organisations, food firms, licensed houses staff courses, and community and religious organisations.

COMPLAINTS RE EXTRANEEOUS MATTERS IN FOOD

Many complaints were received from members of the public concerning the quality of the food they had purchased. In particular their complaints related to extraneous matters in food. All the complaints were fully investigated, and the complainants expressed themselves as satisfied with the action taken by the Department. In two cases it was necessary to take proceedings against the vendors of the food concerned and details of these cases appear elsewhere in this Report.

GENERAL SUMMARY OF WORK OF FOOD AND DRUGS SECTION FOR THE YEAR 1965

Visits

Number of visits made by the Food Inspectors:—

To markets and food premises	...	...	...	...	...	8,975
To butchers' shops	...	...	...	...	...	1,229
To wet fish shops	...	...	...	...	...	490
To horseflesh shop	...	...	...	...	...	56
In connection with Merchandise Marks Act	...	...	...	...	...	254
In connection with Milk and Dairies Regulations	...	...	...	...	...	42
In connection with the Pharmacy and Poisons Act	...	...	...	...	...	124
						<hr/> 11,170

Sampling

Number of samples taken:—

Food and Drugs Act, 1955—for analysis by public analyst	...	1,070
Milk samples informally examined by food and drugs inspectors	...	123
Ice cream—for bacteriological examination	...	50
Food for bacteriological examination	...	16
Fertilisers and Feeding Stuffs Act—for analysis by public analyst	...	11
Designated Milk samples—for bacteriological examination—		
Pasteurised	...	443
Sterilised	...	161
		<hr/> 604
		<hr/> 1,874

TOTAL WEIGHT OF ALL UNFIT FOOD CONDEMNED—92 tons, 19 cwts., 1 qr., 22¼ lbs.

MEAT INSPECTION

By G. WHITELEY, M.R.S.H., M.A.P.H.I.

Superintendent Meat Inspector

"How far your eyes may pierce I cannot tell".

W. Shakespeare (King Lear).

Corporation Abattoir.—The carcase of every animal slaughtered for food at the Corporation abattoir is examined by a qualified meat inspector, and those carcasses suspected of disease are taken to the detention room for final inspection. Live animals suspected of disease are taken to an isolation slaughterhall for slaughter and dressing so that they do not have contact with healthy animals. The Ministry of Agriculture, Fisheries and Food is informed when an animal is thought to be suffering from a notifiable disease.

In addition, there are other duties under the Diseases of Animals Act and Orders which occur during and after normal working hours. These include the reporting of notifiable diseases to the Ministry of Agriculture, Fisheries and Food, and the restriction of animal movement according to the nature of the disease. Records are compiled of meat inspected, including meat and offals condemned; causes and dates of condemnation; particulars of ownership of condemned meat; incidence of diseases recorded and forwarded to the Ministry of Agriculture, Fisheries and Food for investigation and records of imported meat and meat from outside sources.

The abattoir provides facilities for all aspects of the meat industry so that the standard of hygiene, personnel, general handling techniques and meat inspection must be maintained and constantly improved so as to meet the continual changes taking place in the trade. During the year many carcasses, meat and offal were supplied to numerous buyers throughout the country, while beef casings from the abattoir, horseflesh and casings from the horse slaughterhouse were exported to the Continent. Certificates of inspection were issued as required.

The importance of the work of the meat inspection service can be judged by the steady rise in the number of animals slaughtered in the City each year. Because of the shortage of staff and the rise in the number of animals slaughtered the required standard has been maintained with difficulty. A major problem is the tendency for new entrants to undergo training in Sheffield only to leave the Department for posts elsewhere after qualification. Three such departures took place in 1965. Although there is this demand for qualified meat inspectors by other local authorities, the training of meat inspectors must still be given careful consideration to secure a long term stability in the meat inspection service.

Authorised meat inspectors are appointed to carry out only certain duties. The experienced public health inspectors at the abattoir carry out the additional duties.

Even though post-mortem examination is only required under the Meat Inspection Regulations, 1963, ante-mortem inspection is carried out whenever possible at the abattoir.

Meat Inspection Byelaws.—The majority of meat entering the City for sale is stamped according to the Meat Inspection Regulations and therefore need not be brought to the abattoir for inspection, but there are still small quantities brought into the abattoir in accordance with the City of Sheffield Byelaws and not stamped in accordance with regulations. During the year 3 cattle, 243 sheep and 105 pig carcasses together with 3 cwt. 26 lbs. of part carcasses and 7 cwt. 6 lbs. of offal came to the abattoir for inspection, of which 5 cwts. 2 qrs. 11 lbs. was found unfit for human consumption.

There has been a steady increase in the quantity of meat slaughtered and inspected in the City since 1948. A total of 339,588 animals of all kinds were slaughtered and inspected at the abattoir during the year, as against 337,310 in 1964.

Oxen and calves are stunned by the captive bolt pistol, while sheep and pigs are stunned by the use of electricity; 330,616 animals were slaughtered in this way during the year as against 330,461 in 1964. Slaughtering without stunning is only permitted in the following cases:—

(a) slaughter in the Jewish method and by a Jew duly licensed by the Rabbinical Commission,

and

(b) in the Mohammedan method and by a Mohammedan.

During the year 6,835 animals were slaughtered by the Mohammedan method as against 729 in 1959 and 2,137 animals were slaughtered by the Jewish method as against 3,080 in 1959. The 838 % increase in Mohammedan method of slaughter reflects the increase in the immigrant population requiring meat killed in this fashion.

Slaughtermen's Licences.—During the year certificates, approving licences to be granted to fit and proper persons over the age of 18 to enable them to act as slaughtermen, were signed and forwarded to the Local Taxation Office of the Town Clerk's Department for their information.

Licences granted under Section 3 of the Slaughter of Animals Act specify the animals which may be slaughtered and the method of slaughtering and stunning. In some cases, licences are granted to persons who must slaughter or stun under the supervision of an experienced and qualified

slaughterman as required by Section 19 of the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958. Eight licences were granted to Mohammedans for the slaughter of animals by the Mohammedan method. Six of these were granted on condition that no animals should be slaughtered except under the supervision of an experienced and qualified slaughterman. Details of animals slaughtered and inspected are shown on page 168.

Of the 339,588 animals slaughtered and inspected in the abattoir during the year 1965, 855 whole carcasses were found to be in a diseased condition and condemned. In a further 71,961 carcasses, some part of the animal or part of an organ was condemned.

Private Slaughterhouse.—There is one private slaughterhouse used only for the slaughter of horses and is situated on land adjoining the abattoir away from the main cattle slaughterhalls. This building was opened in February 1941. During the war and immediate post-war years the trade greatly increased, a maximum number of 3,190 horses being slaughtered in 1948. Since that year there has been a steady decline with only 135 horses being slaughtered in 1965.

The slaughterhouse has been brought up to the standard of requirements relating to the construction, layout and equipment under the Slaughterhouse (Hygiene) Regulations 1958, also the additional provisions for horses under Part VI of the Slaughter of Animals (Prevention of Cruelty) Regulations of 1958 have been met. A Greener's live bullet gun is used to render the animals insensible to pain before sticking.

In accordance with the Regulations, the occupier must (i) notify the local authority of every place where horses intended for slaughter or awaiting slaughter are kept and (ii) maintain an accurate record of all horses received into the slaughter-house showing the date received, date of slaughter, name and address from whom purchased or on whose behalf the horse was slaughtered, such record to be made within 24 hours of slaughter and (iii) render to the local authority an annual return showing the total number of horses slaughtered. All horseflesh is inspected and of the 135 horses slaughtered no carcass was totally condemned, but in 60 cases there was evidence of disease which necessitated the condemnation of the part affected. Information in regard to carcasses and offal inspected and condemned is given in the appendix, page 168.

Tuberculosis.—24 carcasses derived from bovine animals were found to be affected with tuberculosis and were reported to the Ministry of Agriculture, Fisheries and Food. These figures do not include imported animals licensed to the slaughterhouses from the Imported Animals Landing Places. The percentage of infected carcasses is shown on page 169.

Cysticercus Bovis.—Twenty four carcasses were found to be affected with localised infestation and were put in cold storage for three weeks at the required temperature, not exceeding 20°F (10°C) before being passed as fit for human consumption.

Wholesale Meat Market.—The total weight of meat and poultry, etc., found unfit for human consumption was 44 tons 16 cwts. 3 qtrs. 19 lbs.

Disposal of Condemned Food.—All meat found on examination to be unfit for human consumption is disposed of by processing into animal feeding meals, fats, etc. in the by-products plant at the Corporation abattoir.

STATISTICAL SECTION

VITAL STATISTICS

Deaths of Sheffield Residents in the Year 1965 Classified according to Disease, Sex and Age-Periods

<i>Cause of death</i>	<i>Sex</i>	<i>All Ages</i>	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	3,072	84	10	8	28	108	933	908	993
	F	2,857	74	17	9	12	84	514	723	1,424
TOTALS	...	5,929	158	27	17	40	192	1,447	1,631	2,417
1. Tuberculosis, respiratory	M	19	—	—	—	—	—	10	9	—
	F	4	—	—	—	—	—	2	—	2
2. Tuberculosis, other	M	3	—	—	—	—	2	1	—	—
	F	2	—	—	—	—	—	—	1	1
3. Syphilitic disease	M	6	—	—	—	—	—	2	4	—
	F	3	—	—	—	—	—	1	2	—
4. Diphtheria	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping Cough	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal infection	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other infective and para- sitic diseases	M	3	—	—	—	—	1	2	—	—
	F	2	—	—	—	1	—	1	—	—
10. Malignant neoplasm, stomach	M	87	—	—	—	—	2	31	35	19
	F	66	—	—	—	—	2	15	19	30
11. Malignant neoplasm, lung and bronchus	M	294	—	—	—	—	10	160	90	34
	F	46	—	—	—	1	5	18	16	6
12. Malignant neoplasm, breast	M	2	—	—	—	—	—	1	1	—
	F	110	—	—	—	—	13	55	30	12
13. Malignant neoplasm, uterus	M	—	—	—	—	—	—	—	—	—
	F	25	—	—	—	—	—	12	11	2
14. Other malignant and lymphatic neoplasms	M	279	—	1	1	2	17	96	87	75
	F	266	—	—	1	1	17	91	78	78
15. Leukaemia, aleukaemia	M	17	—	1	—	—	3	8	1	4
	F	17	—	1	2	—	2	6	1	5
16. Diabetes	M	15	—	—	—	1	1	3	3	7
	F	24	—	—	—	—	1	2	10	11
17. Vascular lesions of nervous system	M	369	—	—	—	1	2	68	112	186
	F	526	—	1	—	—	6	67	128	324
18. Coronary disease, angina	M	716	—	—	—	—	20	267	250	179
	F	449	—	—	—	—	1	68	170	210
19. Hypertension with heart disease	M	33	—	—	—	—	—	11	7	15
	F	47	—	—	—	—	—	5	15	27
20. Other heart disease	M	225	—	—	—	1	8	32	50	134
	F	391	—	—	—	1	10	53	68	259
21. Other circulatory disease	M	154	—	—	—	1	3	22	39	89
	F	226	—	—	—	—	—	10	33	183
22. Influenza	M	1	—	—	—	—	—	1	—	—
	F	2	—	—	—	—	—	2	—	—
23. Pneumonia	M	116	8	2	1	—	—	19	28	58
	F	106	4	1	1	1	2	5	19	73
24. Bronchitis	M	336	2	1	—	—	—	95	121	117
	F	116	6	2	—	—	5	19	31	53
25. Other diseases of respiratory system	M	27	8	1	—	—	1	8	7	2
	F	15	1	1	—	—	2	2	3	6
26. Ulcer of stomach and duodenum	M	27	—	—	—	—	1	8	9	9
	F	10	—	—	—	—	—	2	3	5
27. Gastritis, enteritis and diarrhoea	M	9	1	—	—	—	—	4	3	1
	F	21	5	1	—	—	—	4	3	8
28. Nephritis and nephrosis	M	16	—	—	—	2	5	4	1	4
	F	16	—	—	—	—	2	4	5	5
29. Hyperplasia of prostate	M	23	—	—	—	—	—	2	8	13
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
31. Congenital malformation	M	22	14	1	2	1	1	3	—	—
	F	30	17	2	1	2	2	4	1	1
32. Other defined and ill- defined diseases	M	149	51	—	1	4	13	33	23	24
	F	225	41	2	3	2	10	36	58	73
33. Motor vehicle accidents	M	50	—	1	2	14	9	14	6	4
	F	24	—	4	—	2	—	6	6	6
34. All other accidents	M	46	—	2	1	1	7	12	8	15
	F	65	—	2	1	—	2	10	8	42
35. Suicide	M	27	—	—	—	—	2	16	5	4
	F	22	—	—	—	1	1	14	4	2
36. Homicide and operations of war	M	1	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	1	—	—	—

PERSONAL HEALTH SERVICES

Care of Mothers and Young Children

‘At Risk Register’.—The following cases have been added of babies born in 1965; these are additional to any names on the register of congenital abnormalities.

Family History	...	...	...	...	...	...	...	...	26
Deafness	...	...	...	...	...	...	...	6	
Eye defects	...	...	...	...	...	...	...	1	
Metabolic defects	...	...	...	...	...	...	...	4	
Blood defects	...	...	...	...	...	...	...	10	
Osteogenesis imperfecta	...	...	...	...	...	...	...	2	
Congenital dislocation hip	...	...	...	...	...	...	...	1	
Other	...	...	...	...	...	...	...	2	
Prenatal	...	...	...	...	...	...	...	...	165
Maternal diabetes	...	...	...	...	...	...	...	3	
Maternal thyrotoxicosis	...	...	...	...	...	...	...	4	
Maternal adrenogenital syndrome	...	...	...	...	...	...	...	1	
Maternal rubella—actual	...	...	...	...	...	...	...	2	
—contact	...	...	...	...	...	...	...	7	
Maternal positive W.R.	...	...	...	...	...	...	...	22	
Miscellaneous	...	...	...	...	...	...	...	3	
Specific to Pregnancy:—									
Blood incompatibility	...	...	...	...	...	...	...
Rhesus factor—severely affected	...	...	...	...	...	...	...	24	
—mildly affected	...	...	...	...	...	...	...	22	
ABO factors—severely affected	...	...	...	...	...	...	...	4	
—mildly affected	...	...	...	...	...	...	...	40	
Severe toxæmia	...	...	...	...	...	...	...	21	
Ante-partum hæmorrhage	...	...	...	...	...	...	...	12	
Perinatal	...	...	...	...	...	...	...	...	1,045
Premature babies (by weight and excluding 33 in other categories)	...	...	...	...	...	...	...	584	
Full time twins	...	...	...	...	...	...	...	40	
Difficulties in delivery and resuscitation:—									
Mild	...	...	...	...	...	...	...	321	
Severe	...	...	...	...	...	...	...	58	
Severe degrees jaundice (excluding blood incompatibility)	...	...	...	...	...	...	...	40	
Cold syndrome	...	...	...	...	...	...	...	2	
Postnatal	...	...	...	...	...	...	...	...	13
Infection	...	...	...	...	...	...	...	8	
Subdural hæmatoma	...	...	...	...	...	...	...	1	
Miscellaneous	...	...	...	...	...	...	...	4	
Doubly at Risk	...	...	...	...	...	...	...	...	9
Maternal diabetes + difficult delivery	...	...	...	...	...	...	...	1	
Ante-partum hæmorrhage + difficult delivery	...	...	...	...	...	...	...	4	
Toxæmia + difficult delivery	...	...	...	...	...	...	...	3	
Muscular dystrophy + difficult delivery	...	...	...	...	...	...	...	1	

Register of Congenital Abnormalities.—The following cases have been added of babies born in 1965. Stillbirths are included so as to give a more complete picture of the incidence of congenital malformation.

<i>Abnormality</i>									<i>Total</i>
Alimentary Tract	...	...	...	...	...	...	...	...	17
Atresias	...	...	...	...	...	...	...	...	4
Hare lip and cleft palate			...	...	...	...	...	...	5
Hare lip alone	...	...	...	...	...	...	...	...	1
Cleft palate alone...	...	...	...	...	...	...	...	...	2
Pyloric stenosis	...	...	...	...	...	...	...	...	3
Abnormal stomach	...	...	...	...	...	...	...	...	1
Hirschsprung's disease	...	...	...	...	...	...	...	...	1
Bone and Joint	...	...	...	...	...	...	...	...	106
Congenital dislocation of hips									
—definite	...	...	...	...	...	...	...	...	7
—queried	...	...	...	...	...	...	...	...	18
Supernumerary digits	...	...	...	...	...	...	...	...	12
Syndactyly...	...	...	...	...	...	...	...	...	5
Syndactyly with extra digits	...	...	...	...	...	...	...	...	3
Reduction deformity limbs	...	...	...	...	...	...	...	...	3
Talipes—definite	...	...	...	...	...	...	...	...	18
—postural	...	...	...	...	...	...	...	...	27
Achondroplasia	...	...	...	...	...	...	...	...	1
Miscellaneous	...	...	...	...	...	...	...	...	2
Abnormality queried—for observation	...	...	...	...	...	...	...	...	10
Genito-urinary	...	...	...	...	...	...	...	...	21
Polycystic kidney	...	...	...	...	...	...	...	...	2
Varieties of hypospadias	...	...	...	...	...	...	...	...	17
Suspected aberrant testicle	...	...	...	...	...	...	...	...	1
Defect not specified	...	...	...	...	...	...	...	...	1
Heart	...	...	...	...	...	...	...	...	42
Septal defects	...	...	...	...	...	...	...	...	4
Fallot's tetralogy	...	...	...	...	...	...	...	...	2
Aortic stenosis	...	...	...	...	...	...	...	...	1
Pulmonary atresia	...	...	...	...	...	...	...	...	1
Tricuspid atresia	...	...	...	...	...	...	...	...	1
Transposition great vessels	...	...	...	...	...	...	...	...	1
Transposition great vessels queried	...	...	...	...	...	...	...	...	1
Truncus arteriosus	...	...	...	...	...	...	...	...	1
Patent ductus—definite	...	...	...	...	...	...	...	...	4
—queried	...	...	...	...	...	...	...	...	4
Coarctation aorta—definite	...	...	...	...	...	...	...	...	1
—queried	...	...	...	...	...	...	...	...	2
Definite defect, as yet unspecified	...	...	...	...	...	...	...	...	7
Murmurs, defect queried	...	...	...	...	...	...	...	...	11
Supraventricular tachycardia	...	...	...	...	...	...	...	...	1

<i>Abnormality</i>								<i>Total</i>
Special and Multiple Syndromes								28
Mongolism—definite	...	...	...	...	...	...	6	
—queried	...	...	...	...	...	...	1	
Turner's syndrome	...	...	...	...	...	...	1	
Glycogen storage disease	...	...	...	...	...	...	1	
Cretin (one with oesophageal atresia)	...	...	...	...	...	...	2	
Phenylketonuria (transfer)	...	...	...	...	...	...	1	
Abnormal haemoglobin factor	...	...	...	...	...	...	1	
'Floppy baby'	...	...	...	...	...	...	1	
Albino	...	...	...	...	...	...	1	
Epidermolysis bullosa	...	...	...	...	...	...	1	
Ichthyosis erythroderma	...	...	...	...	...	...	1	
Multiple deformities	...	...	...	...	...	...	7	
Generally retarded	...	...	...	...	...	...	4	
Central Nervous System								45
Hydrocephalus alone—definite	...	...	...	...	...	...	8	
—queried	...	...	...	...	...	...	3	
Spina bifida cystica	...	...	...	...	...	...	17	
Anencephaly (2 with spina bifida)	...	...	...	...	...	...	10	
Microcephaly	...	...	...	...	...	...	3	
Sacro-coccygeal teratoma	...	...	...	...	...	...	1	
Myelodysplasia	...	...	...	...	...	...	1	
Cerebral palsy	...	...	...	...	...	...	2	
Respiratory								3
Stridor	...	...	...	...	...	...	3	
Miscellaneous								59
Hydrocoele	...	...	...	...	...	...	8	
Cysts, etc.	...	...	...	...	...	...	5	
Accessory auricles	...	...	...	...	...	...	12	
Low set ears	...	...	...	...	...	...	2	
Pre-auricular sinus	...	...	...	...	...	...	1	
Naevi and moles	...	...	...	...	...	...	19	
Diaphragmatic abnormality	...	...	...	...	...	...	2	
Cataract	...	...	...	...	...	...	2	
Skin tags	...	...	...	...	...	...	6	
Overlapping toes	...	...	...	...	...	...	2	
All conditions								321

Midwifery

Hospital Discharges Visited by the Domiciliary Midwives during 1965

<i>Hospitals</i>	<i>No. of Days</i>	<i>1st day</i>	<i>2nd day</i>	<i>3rd day</i>	<i>4th day</i>	<i>5th day</i>	<i>6th day</i>	<i>7th day</i>	<i>8th day plus</i>
<i>City General Hospital</i>									
Emergency cases previously transferred from the district...		—	56	26	8	12	—	—	—
Booked for early discharge for reason of medical or obstetrical abnormality ...		—	147	72	20	8	1	1	—
Unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)		—	29	23	23	21	84	414	576
<i>Jessop Hospital</i>									
Emergency cases previously transferred from the district...		3	58	86	22	5	2	—	—
Booked for early discharge for reason of medical or obstetrical abnormality ...		—	78	258	31	2	1	—	—
Unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)		1	15	22	26	39	288	384	81
Miscellaneous unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)		1	8	7	17	25	67	213	358
TOTALS		5	391	494	147	112	443	1,012	1,015

Health Visiting

Summary of Visits of Health Visitors during the year 1965

							<i>Number of Visits</i>	
Infants born in 1965—first visits	...	...	...	...	9,059			
—subsequent visits					11,115			
								20,174
Infants born between 1960-1964	...	...	...	...	...	...		42,287
Acute rheumatism	...	...	...	...	...	...		1
Scabies	...	...	...	...	...	...		214
Whooping cough	...	...	...	...	...	...		184
Measles	...	...	...	...	...	...		3,436
Scarlet fever	...	...	...	...	...	...		437
Pneumonia	...	...	...	...	...	...		85
Meningitis	...	...	...	...	...	...		6
Erysipelas	...	...	...	...	...	...		19
Venereal disease	...	...	...	...	...	...		451
Puerperal pyrexia	...	...	...	...	...	...		21
Other infectious diseases	...	...	...	...	...	...		16
Ex-hospital cases <i>re</i> after-care	...	...	...	...	...	...		652
Expectant mothers—first visits					1,196			
—subsequent visits	...	...	...	...	399			
								1,595
Postnatal cases	...	...	...	...	...	...		1,414
Tuberculosis—pulmonary	...	...	...	...	2,439			
—non-pulmonary	...	...	...	...	155			
								2,594
Tuberculosis contacts	...	...	...	...	...	...		163
Follow-up of positive reactors	...	...	...	...	...	...		312
B.C.G.	...	...	...	...	...	...		185
Persons aged 65 or over	...	...	...	...	...	...		10,568
Old people's charities	...	...	...	...	...	...		59
Immunisation and vaccination visits	...	...	...	...	...	...		329
Mentally disordered persons	...	...	...	...	...	...		247
Phenylketonuria tests	...	...	...	...	...	...		6,859
Hearing tests...	...	...	...	...	...	...		1,375
Congenital abnormalities	...	...	...	...	...	...		11
Nursing homes	...	...	...	...	...	...		11
Child minders	...	...	...	...	...	...		48
Mother and baby homes	...	...	...	...	...	...		10
Day nurseries	...	...	...	...	...	...		38
Hospitals	...	...	...	...	...	...		156
Hospital medical social workers	...	...	...	...	...	...		340
Chest clinic	...	...	...	...	...	...		78
Medical practitioners	...	...	...	...	...	...		196
Investigation of infant deaths	...	...	...	...	...	...		37
Investigation of stillbirths	...	...	...	...	...	...		134
Home conditions	...	...	...	...	...	...		111
Handicapped persons	...	...	...	...	...	...		850
Problem families	...	...	...	...	...	...		946
Accidents in the home	...	...	...	...	...	...		33
Care of immigrant children	...	...	...	...	...	...		545
Premature baby survey	...	...	...	...	...	...		101
Leukaemia survey	...	...	...	...	...	...		8
Other reasons	...	...	...	...	...	...		313
TOTAL	...	...	...	...	...	...		99,649

In addition, the health visitors paid 12,479 ineffectual visits during the year.

Premature Babies born alive to Sheffield Residents during the year 1965

	3 lbs. 4 ozs. or less	Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	Not weighed	Total
Born at home	5	9	23	67	—	104
Born in hospital or nursing home ...	54	99	123	232	5	513
Grand total—Premature babies ...	59	108	146	299	5	617
Died in first 24 hours						
Born at home	2	—	1	—	—	3
Born in hospital or nursing home	28	11	6	4	3	52
	30	11	7	4	3	55
Died on 2nd to 7th day						
Born at home	—	—	—	—	—	—
Born in hospital or nursing home	4	6	—	2	—	12
	4	6	—	2	—	12
Died on 8th to 28th day						
Born at home	—	—	—	—	—	—
Born in hospital or nursing home	3	1	2	—	1	7
	3	1	2	—	1	7
Total who died during first 28 days ...						
Born at home	2	—	1	—	—	3
Born in hospital or nursing home	35	18	8	6	4	71
	37	18	9	6	4	74
Total who survived 28 days ...						
Born at home	3	9	22	67	—	101
Born in hospital or nursing home	19	81	115	226	1	442
	22	90	137	293	1	543

Percentage of those born at home who died during the first 28 days	40·0	—	4·3	—	—	2·9
Percentage of those born in hospital or nursing home who died during the first 28 days	66·7	18·2	6·5	2·6	80·0	13·8
Percentage of all premature babies who died during the first 28 days	62·7	16·7	6·2	2·0	80·0	11·9

Total live births to Sheffield Residents Notified during 1964 8,471	Number of Premature Births 617	Percentage of Premature Births to Total Live Births 7·3
Total Stillbirths to Sheffield Residents Notified during 1964 126	Number of Premature Births 617	Percentage of Total Stillbirths to Premature Births 20·4

59 (0·70) of all live births weighed 3 lbs. 4 ozs. or less.

108 (1·27) of all live births weighed over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.

146 (1·72) of all live births weighed over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.

299 (3·53) of all live births weighed over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.

Vaccination and Immunisation

Smallpox Vaccination.—Number of persons vaccinated:—

PRIMARY VACCINATIONS			AGE				
<i>Year</i>			<i>Under 1 year</i>	<i>1 — 4</i>	<i>5 — 14</i>	<i>15 and over</i>	<i>Total</i>
1961	...	...	1,236	2,148	152	303	3,839
1962	...	...	3,510	3,952	6,830	10,711	25,003
1963	...	...	428	903	269	671	2,271
1964	...	...	142	2,443	70	352	3,007
1965	...	...	132	3,294	90	238	3,754

RE-VACCINATIONS							
1961	...	...	—	21	72	686	779
1962	...	...	—	190	2,935	18,368	21,493
1963	...	...	—	35	162	1,339	1,536
1964	...	...	—	2	145	882	1,029
1965	...	...	—	35	85	641	761

The primary vaccinations and re-vaccinations during 1965 were carried out as follows:—

	<i>Primary Vaccinations</i>	<i>Re-vaccinations</i>
By general practitioners	1,188	450
At maternity and child welfare centres	2,466	34
At hospitals	100	277
TOTALS	<u>3,754</u>	<u>761</u>

Diphtheria Immunisation.—Number of persons immunised:—

<i>Year</i>			<i>Under 1 year</i>	<i>1 — 4</i>	<i>5 — 14</i>	<i>15 and over</i>	<i>Total</i>
1961	...	...	3,271	3,894	1,151	13	8,329
1962	...	...	3,199	2,923	504	4	6,630
1963	...	...	3,096	3,020	481	1	6,598
1964	...	...	3,220	3,268	775	1	7,264
1965	...	...	3,444	3,341	383	1	7,169

Poliomyelitis Immunisation.—Number of persons who received oral (Sabin) poliomyelitis vaccine.:—

Primary Course				
<i>Age Group</i>			1965	1964
0 — 4	...	...	7,143	6,127
5 — 15	...	...	2,364	237
15 and over	...	...	1,351	1,210
Re-inforcing Doses				
3rd Doses	...	...	97	439
4th Doses	...	...	11,659	1,878

Total number of persons who have received poliomyelitis vaccine since 1956:—

Primary course	...	...	247,614	236,756
Re-inforcing doses	...	...	204,129	192,373

Ambulance Service

Analysis of Emergency Cases — Year 1965

Type of Case	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents in the Home													
Burns ...	8	4	13	5	2	5	2	8	3	4	3	9	66
Scalds ...	5	5	11	3	5	13	1	7	2	4	5	4	65
Falls ...	58	42	56	58	48	55	57	66	53	49	76	70	688
Gas and electricity mishaps ...	5	1	1	2	1	—	7	7	—	—	6	3	33
Poisoning ...	35	25	24	29	6	6	22	33	40	32	26	37	315
Fingers in wringing machine ...	—	—	—	—	2	—	1	—	—	—	—	1	4
Sudden illness ...	258	207	332	196	224	216	151	175	184	196	268	340	2,747
Miscellaneous ...	8	9	13	13	102	73	64	49	27	36	27	27	448
Totals ...	377	293	450	306	390	368	305	345	309	321	411	491	4,366
Accidents outside the Home													
Street accidents ...	192	168	170	159	153	173	169	197	158	166	177	167	2,049
Falls in street ...	66	51	54	47	61	58	46	52	52	73	79	92	731
Falls in shops and places of entertainment ...	9	11	3	7	9	2	4	7	7	9	14	23	105
Industrial ...	78	84	88	86	71	82	69	64	92	100	106	96	1,016
Sudden illness ...	98	77	103	99	87	88	97	75	53	75	97	83	1,032
Children injured at school or play ...	15	19	21	13	54	36	21	38	20	32	22	21	312
Assaults ...	26	14	20	17	25	26	21	26	18	27	22	30	272
Drownings ...	—	—	—	2	—	—	1	—	—	—	—	1	4
Fairground accidents ...	2	—	—	—	—	—	—	—	—	—	—	—	2
Railway accidents ...	1	—	1	—	1	—	—	—	—	—	—	—	3
Attacks by animals ...	4	—	—	4	1	2	2	6	2	1	—	1	23
Sport ...	10	9	7	12	2	8	3	—	7	12	4	5	79
Miscellaneous ...	19	22	22	36	59	47	85	44	45	48	53	75	555
Totals ...	520	455	489	482	523	522	518	509	454	543	574	594	6,183
Maternity cases ...													
Total number of emergency cases	332	324	358	330	317	317	339	318	322	338	337	357	3,989
Less number of fruitless journeys	1,229	1,072	1,297	1,118	1,230	1,207	1,162	1,172	1,085	1,202	1,322	1,442	14,538
Total number of patients carried	43	50	55	37	64	54	60	48	42	60	51	68	632
	1,186	1,022	1,242	1,081	1,166	1,153	1,102	1,124	1,043	1,142	1,271	1,374	13,906

Tuberculosis Control
NOTIFICATION BY AGE AND SEX
(Notifications in immigrants are shown in brackets)

Age			Males			Females			Males and Females		
			Pul-monary	Other Forms	All Forms	Pul-monary	Other Forms	All Forms	Pul-monary	Other Forms	All Forms
Under 1	...	...	—	—	—	—	—	—	—	—	—
1—2	...	...	—	—	—	—	—	—	—	—	—
2—4	...	...	2	—	2	1	—	1	3	—	3
5—9	...	...	—	2	2	—	—	—	—	2	2
10—14	...	...	—	—	—	—	—	—	—	—	—
15—19	...	...	4	1 (1)	5 (1)	1 (1)	1	2 (2)	5 (1)	2 (1)	7 (2)
20—24	...	...	9 (1)	1	10 (1)	5 (2)	2 (1)	7 (3)	14 (3)	3 (1)	17 (4)
25—34	...	...	21 (15)	5 (4)	26 (19)	7 (1)	1	8 (1)	28 (16)	6 (4)	34 (20)
35—44	...	...	17 (7)	4 (3)	21 (10)	14	1	15	31 (7)	5 (3)	36 (10)
45—54	...	...	21 (4)	2	23 (4)	9	1	10	30 (4)	3	33 (4)
55—64	...	...	36 (2)	1	37 (2)	6	1	7	42 (2)	2	44 (2)
65—74	...	...	14	2 (1)	16 (1)	2	3	5	16	5 (1)	21 (1)
75+	...	...	3	—	3	2	2	4	5	2	7
TOTALS	...	...	127 (29)	18 (9)	145 (38)	47 (4)	12 (1)	59 (5)	174 (33)	30 (10)	204 (43)

NOTIFICATION IN IMMIGRANTS

Country of Origin						Pulmonary	Other Forms	All Forms
<i>Commonwealth Countries</i>								
Caribbean	...	...	...	...	...	1	—	1
Indian	...	...	...	...	...	—	1	1
Pakistan	...	...	...	...	...	18	6	24
Other Asian	...	...	...	...	...	6	3	9
African	...	...	...	...	...	—	—	—
Others	...	...	...	...	...	—	—	—
<i>Non-Commonwealth</i>								
European	...	...	...	...	...	6*	—	6
Others	...	...	...	...	...	2	—	2
TOTALS						33	10	43

*1 Polish, 3 Irish, 2 Italian.

X-ray examination of older contacts

Number advised to have chest X-ray	...	...	...	...	740
Number stating they had recent X-ray	...	...	...	...	121
Number who had B.C.G. quite recently at school	...	...	...	...	88
Number X-rayed	...	...	...	...	155
Number already under supervision	...	...	...	...	18
% X-rayed	...	...	...	...	20·5
% X-rayed including recent X-ray	...	...	...	...	37
Percentage covered by X-ray or recent B.C.G.	...	...	...	...	48·8

Results of X-ray examination

No abnormality found	...	...	...	...	150
Signs of past tuberculosis now healed	...	...	...	...	4
To be recalled later for further X-ray	...	...	...	...	1

Skin Testing of Younger Siblings

Number of siblings for whom skin testing recommended	...	...	...	...	267
Number tested	...	...	...	...	80
Number already had B.C.G.	...	...	...	...	15
Number negative reactors	...	...	...	...	72
Number vaccinated	...	...	...	...	38
Number positive reactors	...	...	...	...	8
X-ray: Normal chest	...	...	...	...	6
Past T.B. healed	...	...	...	...	1
Percentage covered by testing or previous B.C.G.	...	...	...	...	35

Home Help and Home Warden Service

CASES WHERE HOME HELP WAS PROVIDED

(a) Number receiving assistance at 1st January, 1965	...	...	2,920
(b) Number of new cases during the year	...	...	2,032
(c) Number ceasing to require assistance during the year	...	...	1,949
(d) Number receiving assistance at 31st December, 1965	...	...	3,003

TYPES OF CASES

Group	No. of Cases		Help given in Hours		
	Old	New	Daily Service	Evening Service	Night Service
(a) Maternity ...	17	502	26,288	—	—
(b) Old age ...	2,617	1,183	546,230	69	120
(c) Long term illness	199	115	45,749	4	—
(d) Short term illness	58	191	14,177	—	—
(e) Care of children	5	20	2,107	—	—
(f) Tuberculosis ...	22	21	4,848	—	—
(g) Problem families	2	—	8	—	—
TOTALS ...	2,920	2,032	639,407	73	120

HOME HELPS

	No. of Hours					
(a) Travelling	2,724 hrs.
(b) Training and meetings	2,206 hrs.
(c) Washing at training centre	2,186 hrs.

VISITS BY HOME HELP ORGANISERS

(a) New Enquiries:	(i) Maternity	...	...	...	717
	(ii) Others	...	...	...	2,388
(b) Existing cases	...	...	...	...	6,373
(c) Helps seen at work	...	...	...	...	4,307
(d) Helps seen at home	...	...	...	...	1,106
(e) Miscellaneous ...	...	...	...	...	589
(f) Ineffective ...	...	...	...	...	1,143
	TOTAL	...	...	...	16,623

HOME HELPS

	Full-time	Part-time	Total
(a) Number of staff at 1st January, 1965	80	418	498
(b) Number commenced duty during 1965	37	215	252
(c) Number left service during, 1965	36	242	278
(d) Number of staff at 31st December, 1965	81	391	472

HOME WARDENS

(a) Number employed at 31st December, 1965	...	...	25
(b) Cases visited that receive home help service	...	...	680
(c) Cases visited that do not receive home help service	...	...	68

HOME WARDEN SERVICE

Report for the Year 1965

Number of wardens employed at 31-12-65	...	...	25					
Number of cases visited where home help available	...	...	680					
Number of cases visited where home help not available	...	...	68					
Number of patients supervised in each area, and calls made are shown below:—								
Area Covered	Patients Supervised	Patients Bedfast	Morning Calls	Afternoon Calls	Evening Calls	Weekend Calls	Total Calls	
Southey Green and Wadsley Bridge	59	8	6,877	20	3,360	2,580	12,837	
Firth Park and Shiregreen	82	21	4,653	17	2,309	2,082	9,061	
Greenhill, Meadowhead and Woodseats	70	9	4,959	50	2,727	2,440	10,176	
Gleadless Valley	16	2	1,723	4	751	846	3,324	
Lowfields and Arbourthorne	59	6	4,760	75	1,794	1,487	8,116	
Manor Park and Bowden Wood	123	18	8,886	217	3,626	3,418	16,147	
Stradbroke and Handsworth	88	12	5,878	243	2,326	2,170	10,617	
Crookes, Crookesmoor and Town Centre	109	9	5,750	55	3,071	3,052	11,928	
Hillsborough and Middlewood	78	9	3,696	9	2,076	2,195	7,976	
Ecclesall and Nether Edge	56	4	2,613	12	1,328	1,444	5,397	
TOTALS	740	98	49,796	702	23,368	21,714	95,579	

Duties carried out by the wardens were as follows:—

<i>Area Covered</i>	<i>Fire Making</i>	<i>Bed Making</i>	<i>Preparation of meals</i>	<i>Laundry and mending</i>	<i>Carrying in fuel</i>	<i>Shopping</i>	<i>Doctors' Calls</i>
Southey Green and Wadsley Bridge	...	2,003	1,764	631	1,309	3,815	30
Firth Park and Shiregreen	...	1,504	1,414	419	2,934	2,019	55
Greenhill, Meadowhead and Woodseats	...	2,264	1,860	626	1,901	3,405	14
Gleadless Valley	...	279	344	176	598	1,436	6
Lowfields and Arbourthorne	...	1,327	1,164	187	1,594	1,403	13
Manor Park and Bowden Wood	...	2,344	1,670	710	3,077	3,010	65
Stradbroke and Handsworth	...	1,797	2,390	798	2,907	1,782	35
Crookes, Crookesmoor and Town Centre	...	1,904	2,179	431	2,114	3,590	43
Hillsborough and Middlewood	...	1,238	1,802	637	2,277	1,586	16
Ecclesall and Nether Edge	...	1,087	1,685	267	1,112	1,882	4
TOTALS	...	15,747	16,272	4,882	19,823	23,928	281

WELFARE SERVICES

Welfare of Blind and Partially-Sighted

Classification of Registered Blind Persons by Age Groups

Age Group			Total Register (Age at Dec. 31st, 1965)			New Cases Registered during 1965 (Age at Registration)		
			M.	F.	Total	M.	F.	Total
0	...	...	—	—	—	—	—	—
1	...	...	—	—	—	—	—	—
2	...	...	1	—	1	—	—	—
3	...	...	2	—	2	—	—	—
4	...	...	1	2	3	—	—	—
5—10	...	...	8	6	14	—	—	—
11—15	...	...	9	7	16	1	—	1
16—20	...	...	10	4	14	—	1	1
21—29	...	...	12	7	19	1	—	1
30—39	...	...	18	11	29	—	1	1
40—49	...	...	35	32	67	2	1	3
50—59	...	...	55	61	116	9	6	15
60—64	...	...	47	40	87	5	4	9
65—69	...	...	49	44	93	8	6	14
70—79	...	...	89	157	246	5	24	29
80—84	...	...	34	90	124	8	17	25
85—89	...	...	34	87	121	6	9	15
90 and over	...	...	6	42	48	—	4	4
Unknown	...	...	1	1	2	—	—	—
TOTALS ...			411	591	1,002	45	73	118

AGES AT WHICH BLINDNESS OCCURRED

Age Group			Total Register			New Cases Registered during 1965		
			M.	F.	Total	M.	F.	Total
0	...	...	40	41	81	—	—	—
1	...	...	6	10	16	—	—	—
2	...	...	2	2	4	—	—	—
3	...	...	2	2	4	—	—	—
4	...	...	4	3	7	1	—	1
5—10	...	...	14	20	34	—	—	—
11—15	...	...	8	11	19	—	—	—
16—20	...	...	14	7	21	—	—	—
21—29	...	...	26	13	39	1	—	1
30—39	...	...	30	31	61	—	2	2
40—49	...	...	38	32	70	3	1	4
50—59	...	...	58	60	118	11	5	16
60—64	...	...	23	29	52	6	5	11
65—69	...	...	32	72	104	4	8	12
70—79	...	...	63	128	191	6	25	31
80—84	...	...	22	71	93	11	16	27
85—89	...	...	4	26	30	2	8	10
90 and over	...	...	—	6	6	—	1	1
Unknown	...	...	25	27	52	—	2	2
TOTALS ...			411	591	1,002	45	73	118

BLIND PERSONS AGE 16 AND UPWARDS NOT LIVING AT HOME

	M.	F.	Total
Residential accommodation provided under Part III of the 1948 Act, Section 21:			
(a) Homes for the blind	11	20	31
(b) Other homes	8	12	20
Other residential homes	1	7	8
Hospitals for mentally ill	5	10	15
Hospitals for mentally subnormal	1	1	2
Other hospitals	8	21	29
TOTALS ...	34	71	105

In addition, seven blind persons (4 males and 3 females) under 16 were patients in hospitals for mentally subnormal persons at 31st December, 1965.

BLIND POPULATION STATISTICS

The following table gives the number of registered blind persons by age groups for the years 1955-1965.

TABLE SHOWING AGE GROUPS OF BLIND PERSONS ON SHEFFIELD REGISTER

Year	0	1	2	3	4	5—10	11—15	16—20	21—30	31—39	40—49	50—59	60—64	65—69	70 and over	Un-known	Total
1955	—	3	2	2	6	14	6	11	30	46	88	114	72	113	480	3	990
1956	—	2	3	1	2	17	8	11	26	46	81	114	78	111	502	3	1,005

	0	1	2	3	4	5—10	11—15	16—20	21—29	30—39	40—49	50—59	60—64	65—69	70—79	80—84	85—89	90 & over	Un-known	Total
1958	—	—	2	3	3	18	14	11	20	53	81	113	77	96	254	158	72	23	4	1,002
1959	—	—	2	2	5	17	15	8	25	46	84	108	78	87	238	157	88	18	3	981
1960	—	—	1	1	2	19	14	7	24	43	81	117	76	81	230	159	93	29	4	981
1961	—	1	3	1	1	19	15	8	23	40	76	112	77	91	227	149	98	31	3	975
1962	—	—	1	2	1	15	17	12	22	41	69	113	70	98	233	139	103	33	3	972
1963	—	1	1	2	2	17	16	11	25	28	78	112	79	91	248	134	101	32	3	981
1964	—	1	2	2	2	17	12	15	22	32	72	105	93	90	245	137	120	45	3	1,015
1965	—	—	1	2	3	14	16	14	19	29	67	116	87	93	246	124	121	48	2	1,002

DISTRIBUTION OF LOCAL BLIND PERSONS

Children, age under 16

	M.	F.	Total	M.	F.	Total
Under 2	—	—	—	—	—	—
Age 2—4+ ...						
Educable:—						
In Sunshine Home ...	2	—	2			
At home	1	2	3			
Unsuitable for school:—						
At home	1	—	1			
				4	2	6
Age 5—15+ ...						
Educable:—						
Attending school ...	8	7	15			
Unsuitable for school:—						
In hospital for						
mentally subnormal	4	3	7			
At home	5	3	8			
				17	13	30
				21	15	36

EDUCATION, TRAINING AND EMPLOYMENT

Age periods 16 years and upwards

<i>Educable—At school: 16—20</i>	1	—	1	1	—	1
----------------------------------	-----	-----	---	---	---	---	---	---

Employed

(a) *In Workshops for the Blind*

16—20	...	...	...	—	—	—
21—39	...	...	...	8	—	8			
40—49	...	...	...	6	3	9			
50—59	...	...	...	17	5	22			
60—64	...	...	...	3	1	4			
65 and over	...	...	...	1	—	1	35	9	44

(b) *As Approved Home Workers*

50—59	...	...	...	1	—	1			
60—64	...	...	...	—	1	1	1	1	2

(c) *All others*

16—20	...	...	...	3	—	3			
21—39	...	...	...	9	2	11			
40—49	...	...	...	15	4	19			
50—59	...	...	...	11	5	16			
60—64	...	...	...	6	1	7			
65 and over	...	...	...	2	—	2	46	12	58
							82	22	104

Undergoing Training

(a) For sheltered employment	...	...	...	...	2	1	3			
(b) For open employment	...	...	...	...	4	—	4			
(c) Professional	...	...	...	...	1	1	2	7	2	9

<i>Not Employed</i>	390	576	966
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

TOTALS	411	591	1,002
--------	-----	-----	-----	-----	-----	-----	-------

REGISTER OF PARTIALLY-SIGHTED PERSONS

Age Group	0—1		2—4		5—15		16—20		21—49		50—64		65 and over		All ages		Total both sexes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1954	—	—	—	1	19	16	4	3	7	5	8	12	46	86	84	123	207
1955	—	—	1	1	19	14	2	2	5	4	9	11	48	91	84	123	207
1956	—	—	2	1	19	15	3	2	5	5	8	10	53	103	90	136	226
1957	—	—	1	1	17	18	3	3	12	6	5	14	49	106	87	148	235
1958	—	—	—	1	13	16	5	7	9	6	7	9	50	86	84	125	209
1959	—	—	1	2	13	14	7	7	8	7	9	11	48	78	86	119	205
1960	—	—	1	2	12	12	8	8	6	7	10	11	41	68	78	108	186
1961	—	—	1	1	11	9	7	8	8	6	11	10	37	64	75	98	173
1962	—	—	—	—	11	10	7	7	9	8	11	9	37	80	75	114	189
1963	—	—	—	1	15	25	4	5	13	10	13	8	35	97	80	131	211
1964	—	—	—	1	11	8	6	5	13	13	15	11	40	107	85	145	230
1965	—	—	1	2	13	7	4	6	18	16	13	17	41	123	90	171	261

Welfare of Handicapped Persons (General Classes)

REGISTRATION.—The number on the register is 1,494

Classification of disabilities is as follows:—

Amputation of limb	54
Arthritis and muscular rheumatism (including fibrositis) ...	373
Congenital malformations and skeletal deformities ...	97
Diabetes	11
Diseases of the digestive system ...	33
Diseases of the genito-urinary system ...	5
Diseases of the heart and circulatory system ...	189
Diseases of the respiratory system ...	79
Epilepsy	74
Injury and diseases of bones and joints ...	128
Mental subnormality	15
Muscular dystrophy	14
Neoplasm	16
Organic nervous diseases	243
Psychoses, psychoneurosis	38
Poliomyelitis	52
Tuberculosis—respiratory	28
Tuberculosis—spine, bones, joints, etc. ...	16
Miscellaneous	29
TOTAL	1,494

AGE-GROUPS (GENERAL CLASSES)

	0-5 years	6-15 years	16-20 years	21-30 years	31-40 years	41-50 years	51-60 years	61-70 years	71-80 years	81+ years	Totals
Males ...	5	12	34	39	68	127	160	175	75	18	713
Females	1	4	18	42	36	78	144	212	198	48	781
Totals ...	6	16	52	81	104	205	304	387	273	66	1,494

The employment or occupation of persons on the register was as follows:—

(i) Employed in open industry	62
(ii) At Remploy or sheltered workshop	8
(iii) Employed at home	6
(iv) Not employed but capable of and available for:	
(a) Open employment... ..	84
(b) Sheltered employment	70
(c) Handicrafts	378
(v) Incapable of or not available for work	864
(vi) Children of school age	16
(vii) Children under school age	6
TOTAL	1,494

ENVIRONMENTAL SERVICES

General Public Health Inspection

SUMMARY OF COMPLAINTS, ENQUIRIES, CORRESPONDENCE, ETC. FOR THE ATTENTION OF THE STAFF OF PUBLIC HEALTH INSPECTORS

<i>Daily Portfolio</i>								1965
Complaints and enquiries in person or by telephone	...	...	...	...	...	...	...	10,427
Correspondence, including Ministry, inter-departmental and general...								23,904
TOTALS								34,331

<i>Types of Complaint</i>								
Drainage defects	...	...	...	...	...	...	...	2,716
Paving defects	...	...	...	...	...	...	...	85
Housing defects	...	...	...	...	...	...	...	5,124
Watercloset defects	...	...	...	...	...	...	...	691
Verminous houses	...	...	...	...	...	...	...	495
Requests for inspector to call	...	...	...	...	...	...	...	1,187
Overcrowding cases and requests for priority rehousing							...	913

<i>Other Correspondence</i>								
Town Clerk's Department—property enquiries	...	...	...	...	...	...	...	8,388
Rent Act, 1957 and Housing Repairs and Rents Act, 1954—								
Applications for Certificates of Disrepair	...	...	...	...	...	...	...	4
Certificates issued	...	...	...	...	...	...	...	1
Undertakings received from landlords	...	...	...	...	...	...	...	1
Applications for cancellation of Certificates	...	...	...	...	...	...	...	2
Certificates cancelled	...	...	...	...	...	...	...	2
Miscellaneous (includes correspondence from property owners, agents, builders, other Corporation Departments, etc., applications for licences for sale of milk, ice cream, pet animals, etc.)								14,723

SUMMARY OF WORK DONE BY THE PUBLIC HEALTH INSPECTORS DURING THE YEAR, 1965

1. NUISANCES								1965
(a) Dwellinghouses (not condemned)								
No. found affected	...	...	...	...	...	...	...	8,800
No. of initial visits	...	...	...	...	...	...	...	8,488
No. of re-inspections	...	...	...	...	...	...	...	8,198
No. where nuisance abated	...	...	...	...	...	...	...	3,417
(b) Dwellinghouses (condemned)								
No. found affected	...	...	...	...	...	...	...	51
No. of initial visits	...	...	...	...	...	...	...	42
No. of re-inspections	...	...	...	...	...	...	...	67
No. where nuisance abated	...	...	...	...	...	...	...	25
(c) Other Premises								
No. found affected	...	...	...	...	...	...	...	172
No. of initial visits	...	...	...	...	...	...	...	196
No. of re-inspections	...	...	...	...	...	...	...	252
No. where nuisance abated	...	...	...	...	...	...	...	69
(d) Notices Served								
Statutory	...	...	...	...	...	...	...	1,348
Informal	...	...	...	...	...	...	...	5,896

								1965
2.	NO. OF INTERVIEWS WITH OWNERS OR REPRESENTATIVES	...	...					2,447
3.	DRAINAGE AND BUILDING WORK							
	(a) No. of inspections	...	...	...	...	...	...	8,211
	(b) No. of smoke tests applied	...	...	...	...	...	...	674
	(c) No. of water tests applied	...	...	...	...	...	...	581
	(d) No. of colour tests applied	...	...	...	...	...	...	1,672
4.	HOUSING							
	(a) No. of initial inspections	...	...	...	...	...	...	241
	(b) No. of additional inspections	...	...	...	...	...	...	1,740
	(c) Visits <i>re</i> improvement grants	...	...	...	...	...	...	6,813
	(d) Visits <i>re</i> overcrowding	...	...	...	...	...	...	114
	(e) New cases of overcrowding found	...	...	...	...	...	...	5
	(f) Visits <i>re</i> Certificates of Disrepair	...	...	...	...	...	...	19
	(g) Visits <i>re</i> applications for loans on mortgage	...	...	...	...	...	...	1,237
5.	FOOD PREMISES							
	(a) Visits to dairies	...	...	...	...	...	...	21
	(b) Visits to milk distributors	...	...	...	...	...	...	311
	(c) Visits to ice cream manufacturers	...	...	...	...	...	...	65
	(d) Visits to ice cream retailers	...	...	...	...	...	...	25
	(e) Visits to fried fish shops	...	...	...	...	...	...	66
	(f) Visits to bakehouses	...	...	...	...	...	...	70
	(g) Visits to other food preparation premises...	...	...	...	...	...	...	379
	(h) Visits to food saleshops	...	...	...	...	...	...	977
	(i) Visits to licensed premises and clubs	...	...	...	...	...	...	104
6.	OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963							
	(a) Visits (including those by technical assistants)	...	...	...	...	...	...	12,069
	(b) General inspections (including those by technical assistants)	...	...	...	...	...	...	3,458
7.	Visits <i>re</i> ZYMOTIC DISEASES...	...	...	...	...	...	...	1,799
8.	FOOD POISONING							
	(a) No. of visits	...	...	...	...	...	...	301
	(b) No. of food specimens taken	...	...	...	...	...	...	14
9.	VISITS FOR OFFENSIVE TRADES	...	...	...	...	...	...	34
10.	VISITS <i>re</i> RAG FLOCK AND OTHER FILLING MATERIALS ACT	...	...					6
11.	VISITS TO WORKPLACES	...	...	...	...	...	...	4
12.	VISITS <i>re</i> RATS AND MICE INFESTATION	...	...	...	...	...	...	200
13.	VISITS <i>re</i> VERMIN							
	(a) Private houses	...	...	...	...	...	...	5,297
	(b) Corporation houses	...	...	...	...	...	...	3,013
	(c) Other premises	...	...	...	...	...	...	75
14.	VISITS TO COMMON LODGING HOUSES	...	...	...	...	...	...	30
15.	VISITS TO HOUSES IN MULTIPLE OCCUPATION	...	...	...	...	...	...	1,503
16.	NO. OF DEPOSITED PLANS EXAMINED	...	...	...	...	...	...	4,147
17.	DISEASES OF ANIMALS ACT							
	(a) No. of Visits	...	...	...	...	...	...	195
	(b) No. of licences issued	...	...	...	...	...	...	—
18.	VISITS TO ANIMAL BOARDING ESTABLISHMENTS	...	...	...	...	...	...	14
19.	VISITS TO RIDING ESTABLISHMENTS	...	...	...	...	...	...	31

								1965
20.	VISITS TO PET SHOPS	...	...	...	...	...	...	47
21.	NO. OF PROSECUTIONS TAKEN	...	...	...	...	...	...	7
22.	NO. OF ATTENDANCES AT COURT	...	...	...	...	...	...	23
23.	NO. OF MISCELLANEOUS LETTERS	...	...	...	...	...	...	10,334
24.	NO. OF MISCELLANEOUS VISITS	...	...	...	...	...	...	7,950
25.	VISITS <i>re</i> WATER SUPPLIES (other than Corporation mains supplies)							13
	No. of samples taken for chemical and bacteriological examination							19
26.	VISITS TO BATHING POOLS	...	...	...	...	...	...	20
	No. of samples to Public Health Laboratory	...	...	...	...	...	...	23
	No. of orthotolidine tests by public health inspectors	...	...	...	...	...	...	14
27.	VISITS <i>re</i> CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960	...	...	...	...	...	...	36
28.	VISITS <i>re</i> NOISE NUISANCE	...	...	...	...	...	...	51
29.	<i>Re</i> PROPERTIES Etc.—No. of Town Clerk's property enquiries dealt with							8,388
30.	PUBLIC HEALTH ACT, 1936—Section 23							
	(a) No. of public sewers cleansed	...	...	...	...	...	...	274
	(b) No. of houses affected	...	...	...	...	...	...	1,059

Defects remedied as the result of informal and statutory notices:—

PUBLIC HEALTH ACT, 1936

Section 24.	Public Sewers	...	...	...	...	...	...	7
Section 39.	Private sewers	...	...	...	...	...	...	2
	Cesspools	...	...	...	...	...	...	5
	Drains	...	...	...	...	...	...	306
	Soilpipes	...	...	...	...	...	...	9
	Rainwater pipes	...	...	...	...	...	...	117
	Eaves spouts	...	...	...	...	...	...	320
	Sinks	...	...	...	...	...	...	32
	Sinkwaste pipes	...	...	...	...	...	...	138
Section 44.	Additional waterclosets provided	...	...	...	...	...	...	11
Section 45.	Waterclosets repaired	...	...	...	...	...	...	564
Section 56.	Paving of courts, yards, passages	...	...	...	...	...	...	114
Section 83.	Filthy and verminous premises	...	...	...	...	...	...	52
Section 84.	No. of cases of filthy and verminous articles in premises	...	...	...	...	...	...	31
	No. of Certificates issued	...	...	...	...	...	...	38
Section 93.	Roofs	...	...	...	...	...	...	517
	Chimneys and flues	...	...	...	...	...	...	13
	Doors	...	...	...	...	...	...	121
	Windows	...	...	...	...	...	...	327
	Floors	...	...	...	...	...	...	121
	Wallplaster	...	...	...	...	...	...	282
	Ceiling plaster	...	...	...	...	...	...	316
	Staircases	...	...	...	...	...	...	25
	Fireplaces	...	...	...	...	...	...	100
	Damp walls	...	...	...	...	...	...	480
	Accumulations or deposits	...	...	...	...	...	...	137
	Absence of water supply (disrepair)	...	...	...	...	...	...	32

SHEFFIELD CORPORATION ACT, 1937

Section 52.	Choked drains cleansed	265
-------------	------------------------	-----	-----	-----	-----	-----	-----	-----

PUBLIC HEALTH ACT, 1961

Section 22. Choked drains cleansed 378

PUBLIC HEALTH ACT, 1936

Section 23. Public sewers cleansed 274

Canal Boats:—

No. of visits paid to canal	...	...	...	...	...	...	94
No. of inspections of canal boats	...	...	...	...	...	...	40
No. of canal boats registered in City	...	...	...	...	...	...	—
No. of persons found living on board at time of inspection							
Males over 15 years of age...	...	...	...	...	...	...	53
Females over 15 years of age	...	...	...	...	...	...	2
Children between 5 and 15 years of age			...	...	...	...	1
Children under 5 years of age	...	...	...	...	...	...	1
Average No. of occupants per boat	...	...	...	...	...	...	1·42
Infringements found	...	...	...	...	...	...	40
Letters sent to owners regarding infringements			...	...	...	...	17
No. of letters complied with	...	...	...	...	...	...	11
Notices served	...	...	...	...	...	...	—
Legal proceedings instituted	...	...	...	...	...	...	—
Cases of infectious diseases on board		...	...	...	...	...	—
No. of boats detained for cleansing or disinfection	...	...	...	...	...	...	—

Offices, Shops and Railway Premises Act, 1963

Action taken under the Act during 1965 is shown below:—

<i>Class of Premises</i>	<i>Number of Premises registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of registered premises receiving a general inspection during the year</i>
REGISTRATIONS AND GENERAL INSPECTIONS			
Offices	251	1,784	1,147
Retail shops	240	3,408	1,953
Wholesale shops, warehouses ...	40	397	230
Catering establishments open to the public, canteens	33	492	128
Fuel storage depots	—	2	—
TOTALS	564	6,083	3,458

Number of visits of all kinds by inspectors to registered premises 12,069

	<i>Class of Workplace</i>	<i>Number of Persons employed</i>
ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE	Offices	18,712
	Retail shops	19,314
	Wholesale departments, warehouses	4,386
	Catering establishments open to the public... ..	4,088
	Canteens	49
	Fuel storage depots	30
	TOTAL	46,579

EXEMPTIONS	One application for exemption was made in respect of sanitary conveniences at an office but the application was refused	
PROSECUTIONS	Number of prosecutions instituted during the period	1
	Number of complaints (or summary applications) made under Section 22	—
	Number of Interim Orders granted	—
INSPECTORS	Number of inspectors appointed under Section 52 (1) or (5) of the Act	37 (25 public health inspectors and 12 technical assistants)
	Number of other staff employed for most of their time on work in connection with the Act	2 clerks and 5 shorthand typists who are employed for approximately half of their time on work connected with the Act

INSPECTIONS UNDER THE FACTORIES ACT, 1961

1. Inspections for purposes of provisions as to health.

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	116	4	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	2,601	263	37	—
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-workers' premises)	70	30	1	—
TOTALS	2,787	297	41	—

2. Cases in which defects were found.

<i>Particulars</i>	<i>Number of cases in which defects were</i>				<i>Number of cases in which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred To H.M. Inspector</i>	<i>By H.M. Inspector</i>	
Want of cleanliness (S.1)	3	2	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7)—					
(a) Insufficient	2	—	—	—	—
(b) Unsuitable or defective	60	34	—	14	—
(c) Not separate for sexes	—	—	—	—	—
Other offences under the Act (not including offences relating to outwork)	—	—	—	—	—
TOTALS	65	36	—	15	—

FOOD HYGIENE

Details of Food premises subject to the Food Hygiene (General) Regulations, 1960

<i>Type of food premises</i>		<i>No. of premises (i)</i>	<i>No. of premises fitted to comply with Regulation 16 (ii)</i>	<i>No. of premises to which Regulation 19 applies (iii)</i>	<i>No. of premises fitted to comply with Regulation 19 (iv)</i>
1.	Restaurants, cafes and snack bars ...	240	216	240	240
2.	Canteens (factories, offices and shops)	230	210	230	230
3.	Hotels	35	35	35	35
4.	School canteens	133	133	133	133
5.	Hostels	36	36	36	36
6.	Boarding houses	18	18	18	18
7.	Institutions	27	27	27	27
8.	Public houses	549	534	549	548
9.	Clubs	137	131	137	137
10.	Food factories	202	174	202	202
11.	Butchers' shops	551	399	551	546
12.	Wet fish shops	140	118	140	138
13.	Fried fish shops	269	186	269	262
14.	Other food shops (wholesale and retail)	2,598	1,904	2,598	2,175
TOTALS		5,165	4,121	5,165	4,727

WATER SUPPLY **Average Analyses of Raw Water Received at Filter Stations**

Filter Station	Redmires	Rivelin	Bradfield (Dale Dike)	Bradfield (Agden)	More Hall	Langsett	Yorkshire Derwent	
							Mean	Range
Physical Characteristics								
Colour (Hazen) ...	Under 5	30	34	41	47	51	22	5—80
Turbidity (p.p.m.) ...	2	11	12	13	20	30	108	3—1,200
pH Value ...	6.6	5.9	4.4	4.5	4.0	3.8	8.0	7.6 —8.5
Chemical Analysis								
Alkalinity (CaCO ₃) ...	6	5	—	—	—	—	139	76—175
Chloride (Cl) ...	12	12	13	13	13	15	25	22—37
Ammoniacal N. ...	0.12	0.07	0.08	0.19	0.18	0.25	0.15	0.07 —0.53
Albuminoid N. ...	0.05	0.08	0.07	0.07	0.10	0.18	0.24	0.12 —0.50
Nitrite N. ...	—	—	—	—	—	—	0.012	0.002—0.040
Nitrate N. ...	0.3	0.6	0.5	0.5	0.4	0.6	1.9	1.4 —3.0
Oxygen absorbed; 4 hrs. at 80°F. ...	0.4	2.0	2.1	2.8	2.9	3.4	2.3	1.0 —7.2
Temporary hardness...	6	5	—	—	—	—	139	76—175
Permanent hardness ...	37	29	43	34	32	28	80	44—128
Total hardness ...	43	34	43	34	32	28	219	103—296
Total solids ...	77	78	86	81	79	80	246	—
Iron (Fe) ...	0.23	0.21	0.39	0.37	0.42	0.56	0.27	0.05 —0.50
Manganese (Mn) ...	0.26	0.13	0.33	0.23	0.17	0.27	0.07	0.02 —0.17
Aluminium (Al) ...	0.16	0.40	0.74	0.48	0.43	0.84	0.03	<0.01 —0.08
Fluoride (F) ...	0.1	0.1	0.1	0.1	0.1	0.1	0.25	—

Average Analyses of Fully Treated Waters

Filter Station	Redmires	Rivelin	Bradfield	More Hall	Langsett	Yorkshire Derwent
Physical Characteristics						
Colour (Hazen) ...	Under 5	7	Under 5	17	33	Under 5
Turbidity (p.p.m.) ...	1	3	1	5	8	5
pH Value ...	9.0	8.9	9.0	9.4	8.6	9.0
Chemical Analysis	parts per million (m.g./litre)					
Alkalinity (CaCO ₃) ...	10	12	10	12	12	26
Chloride (Cl) ...	12	12	13	13	15	32
Ammoniacal N. ...	0.10	0.07	0.09	0.11	0.18	0.20
Albuminoid N. ...	0.03	0.05	0.05	0.06	0.06	0.15
Nitrite N. ...	—	—	—	—	—	—
Nitrate N. ...	0.26	0.50	0.43	0.46	0.57	1.8
Oxygen absorbed; 4 hrs. at 80°F. ...	0.3	1.1	0.8	1.2	2.1	0.7
Temporary hardness ...	10	12	10	12	12	26
Permanent hardness ...	37	30	36	28	33	56
Total hardness ...	47	42	46	40	45	82
Residual chlorine ...	0.29	0.23	0.29	0.37	0.35	0.25
Total solids ...	85	89	91	91	100	200
Iron (Fe) ...	0.05	0.13	0.10	0.17	0.27	0.08
Manganese (Mn) ...	—	0.10	0.21	0.10	0.22	—
Aluminium (Al) ...	0.06	0.30	0.14	0.31	0.56	0.02
Fluoride (F) ...	0.1	0.1	0.1	0.1	0.1	0.15

Summary of Results of Bacteriological Examinations

Source of Sample	Number Examined	Number free from coliform organisms	Number free from E. Coli, Type I
Raw waters	312	119 (38.1%)	127 (40.7%)
Waters entering supply	288	281 (97.5%)	282 (97.9%)
Consumers' taps	933	908 (97.3%)	920 (98.6%)

Air Pollution

SOLID MATTER DEPOSITED AT COLLECTING STATIONS DURING THE YEAR 1965
(Milligrammes per square metre per day)

Month	Attercliffe	Firth Park	Fulwood	Sewage Works	Surrey Street
January	281	149	360	313	336
February	239	60	117	117	269
March	274	258	157	271	440
April	255	138	134	226	544
May	228	118	92	204	342
June	281	179	154	312	299
July	216	124	100	172	—
August	178	N.R.	110	217	—
September	239	212	126	213	—
October	232	215	98	251	—
November	374	237	264	291	—
December	364	134	241	337	—
TOTALS	3,161	1,824	1,953	2,924	2,230
AVERAGES	263	166	163	244	372

Surrey Street station ceased to operation on the 1st July, 1965.

SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD AT STATIONS DURING THE YEAR 1965
(Milligrammes per 100 square centimetres per day)

Month	Atter-cliffe	Firth Park	Fulwood	Sewage Works	Surrey Street	Weston Park	Bessemer Road	Limpsfield Road	Tinsley	Winco-bank
January	5.41	3.12	1.36	4.14	3.25	2.80	4.54	3.30	5.04	4.04
February	5.02	2.65	1.53	3.90	4.87	3.34	8.04	2.56	2.50	2.77
March	4.49	3.76	1.37	3.66	4.56	2.62	5.74	2.90	3.58	3.52
April	3.20	2.27	1.41	2.69	2.27	1.85	4.15	1.71	2.94	5.46
May	3.24	2.22	0.80	2.37	2.37	2.05	4.04	2.07	3.07	2.18
June	3.22	2.15	0.64	2.29	2.18	2.07	2.95	1.75	2.00	1.87
July	2.55	1.47	1.12	1.53	—	1.20	4.58	1.10	1.90	1.20
August	2.68	1.60	0.65	1.78	—	0.92	4.05	1.37	1.90	N.R.
September	3.45	2.06	0.79	2.31	—	1.38	5.55	1.71	3.21	N.R.
October	2.67	2.91	0.97	2.35	—	1.50	2.85	2.25	2.64	N.R.
November	5.07	3.37	1.31	2.90	—	2.58	3.63	2.38	3.52	3.42
December	4.58	2.54	1.06	2.82	—	1.76	2.53	2.13	1.50	2.63
TOTALS	45.58	30.12	13.01	32.74	19.50	24.07	52.65	25.23	33.80	27.09
AVERAGES	3.80	2.51	1.08	2.73	3.25	2.01	4.39	2.10	2.82	3.01

Surrey Street station ceased operation on 1st July, 1965.

MONTHLY AVERAGES OF SMOKE (VOLUMETRIC) AT TEN STATIONS DURING THE YEAR 1965
(Microgrammes per cubic metre)

Month	Surrey Street	Park County	Newhall Road	Ellesmere Road	Pye Bank C.S.	St. Stephen's	Milton Street	Sharrow Lane	Manor Clinic	Turton Platts Wincobank
January ...	88	128	258	318	163	154	181	279	189	189
February ...	102	127	287	353	150	202	167	323	206	185
March ...	100	120	291	305	167	175	205	285	176	207
April ...	48	36	176	202	94	89	94	178	131	125
May ...	37	22	123	139	61	63	68	105	85	98
June ...	61	46	93	94	50	48	49	62	73	95
July ...	46	47	74	82	46	37	45	71	63	58
August ...	45	54	82	86	49	44	56	76	65	61
September ...	62	92	140	147	78	66	95	128	94	114
October ...	91	143	240	234	151	109	144	186	118	195
November ...	151	181	291	300	162	92	166	259	152	213
December ...	93	105	178	218	107	117*	121	187	101	153
TOTALS ...	924	1,101	2,233	2,478	1,278	1,196	1,391	2,139	1,453	1,693
AVERAGES ...	77	92	186	206	106	100	116	178	121	141

* Calculated.

MONTHLY AVERAGES OF SO₂ (VOLUMETRIC) AT TEN STATIONS DURING THE YEAR 1965
(Microgrammes per cubic metre)

Month	Surrey Street	Park County	Newhall Road	Ellesmere Road	Pye Bank C.S.	St. Stephen's	Milton Street	Sharrow Lane	Manor Clinic	Turton Platts Wincobank
January ...	267	229	313	173	222	143	274	84	170	256
February ...	312	265	234	208	229	192	292	158	194	280
March ...	265	221	306	251	252	202	266	143	150	328
April ...	149	121	211	163	153	105	188	91	121	195
May ...	119	112	215	137	138	84	144	90	101	165
June ...	103	78	170	112	104	66	112	59	81	98
July ...	90	51	113	73	88	48	82	49	68	65
August ...	80	60	125	94	109	49	97	49	68	47
September ...	106	103	207	138	140	58	134	61	90	63
October ...	190	150	264	210	214	114	201	95	117	185
November ...	222	216	264	205	216	120	224	92	137	228
December ...	211	138	235	121	192	103*	194	70	111	214
TOTALS ...	2,114	1,744	2,657	1,885	2,057	1,284	2,208	1,041	1,408	2,124
AVERAGES ...	176	145	221	157	171	107	184	87	117	177

* Calculated.

SMOKE AND SULPHUR DETERMINATION BY THE VOLUMETRIC METHOD AT TEN SHEFFIELD STATIONS
SIX YEARS 1960-1965

(Average per year—Microgrammes per cubic metre)

	Year	Surrey Street	Park County	Newhall Road	Ellesmere Road	Pye Bank C.S.	St. Stephen's	Milton Street	Sharrow Lane	Manor Clinic	Turton Platts Wincobank
S M O K E	1960	180	270	350	330	180	240	340	280	—	—
	1961	170	220	300	270	150	190	200	260	—	—
	1962	146	181	277	258	147	169	225	281	—	—
	1963	89	139	249	237	134	148	242	234	149	133
	1964	90	155	218	234	130	126	194	229	166	164
	1965	77	92	186	206	106	100	116	178	121	141
S U L P H U R	1960	400	229	257	172	200	200	286	143	—	—
	1961	257	200	229	143	200	172	257	200	—	—
	1962	273	213	278	157	202	177	256	192	—	—
	1963	273	208	317	156	195	148	277	118	148	175
	1964	213	172	281	148	200	127	255	95	147	180
	1965	176	145	221	157	171	107	184	87	117	177

Food Inspection

FOOD CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION DURING THE
YEAR 1965

<i>Description</i>	<i>Quantity</i>	<i>Tons</i>	<i>Cwts</i>	<i>Qrs.</i>	<i>Lbs.</i>	<i>Description</i>	<i>Quantity</i>	<i>Tons</i>	<i>Cwts</i>	<i>Qrs.</i>	<i>Lbs.</i>
Canned goods ...	33,689	—	—	—	—	Ice cream ...	—	—	—	3	17½
Bacon and ham	—	—	11	—	24½	Margarine ...	—	—	2	—	½
Bread, cakes and pastry	—	—	1	—	4½	Meat and fish paste	274 jars	—	—	—	—
Butter ...	—	—	1	1	6½	Meat & meat products	—	1	1	1	23½
Cereals ...	—	—	—	1	19½	Nuts ...	—	—	1	—	24¾
Cheese ...	—	—	3	1	21¾	Pickles & sauces	256 jars	—	—	—	—
Coffee beans ...	—	—	—	—	1½	Poultry & game	—	1	1	3	15½
Coffee ...	9 bottles	—	—	—	—	Preserves...	—	—	—	2	1
Cocoa ...	26 tins	—	—	—	—	Rabbits ...	—	—	3	—	12
Coconut ...	—	—	7	—	9	Salad cream	4 jars	—	—	—	—
Cream ...	13 jars	—	—	—	—	Shellfish	—	—	17	2	2½
Fish ...	—	5	3	—	16½	Soft drinks	36 bottles	—	—	—	—
Flour ...	—	—	—	1	3½	Soup ...	5 pkts.	—	—	—	—
Frozen egg	—	—	4	1	14	Sweets and confectionery	—	—	3	—	3
Fruit ...	—	7	3	—	7½	Vegetables	—	47	13	1	21½
Fruit (dried)	—	—	—	1	15	Yoghurt ...	58 cartons	—	—	—	—

The total weight of food condemned and destroyed was 92 tons, 19 cwts, 1 qr. 22½ lbs.

DETAILS OF CANNED GOODS CONDEMNED

<i>Commodity</i>										<i>Number of Cans</i>
Fish ...	...	...	...	...	...	...	...	...	...	2,378
Fruit ...	...	...	...	...	...	...	...	...	...	16,891
Meat	...	...	...	...	...	...	...	...	...	7,154
Milk ...	...	...	...	...	...	...	...	...	...	1,225
Soup ...	...	...	...	...	...	...	...	...	...	1,268
Vegetables	...	...	...	...	...	...	...	...	...	3,388
Miscellaneous	...	...	...	...	...	...	...	...	...	1,385
TOTAL									...	33,689

RESULTS OF ANALYSIS OF SAMPLES TAKEN UNDER THE FOOD AND DRUGS
ACT, 1955, DURING THE YEAR 1965

	<i>Formal</i>			<i>Informal</i>		
	<i>No. Sub- mitted</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>No. Sub- mitted</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
Milk	402	395	7	37	37	—
Milk (goats)	—	—	—	1	1	—
Acetic acid	—	—	—	1	1	—
Almond marzipan	—	—	—	6	6	—
Baking powder	—	—	—	6	6	—
Brandy	—	—	—	1	1	—
Butter	35	35	—	16	15	1
Butter milk... ..	—	—	—	1	1	—
Butter puffs	—	—	—	2	2	—
Cake mix	—	—	—	5	5	—
Cheese spread	—	—	—	17	17	—
Coffee	—	—	—	19	19	—
Cornflour	—	—	—	3	3	—
Confectionery filling	—	—	—	1	1	—
Cream	11	11	—	20	20	—
Cream confectionery	1	—	1	20	18	2
Custard powder	—	—	—	1	1	—
Dairy ice cream	1	1	—	3	3	—
Dried and preserved fruit	—	—	—	15	14	1
Dripping	—	—	—	6	6	—
Drugs	—	—	—	19	19	—
Essence of rennet	—	—	—	2	2	—
Evaporated milk	—	—	—	11	11	—
Fish cakes	6	6	—	8	8	—
Fish fingers	—	—	—	4	4	—
Fish paste	5	5	—	7	7	—
Flavouring	—	—	—	3	3	—
Frig ice	—	—	—	1	1	—
Fruit	—	—	—	2	2	—
Gravy mix	—	—	—	2	2	—
Ground almonds	—	—	—	4	4	—
Ice cream	47	47	—	7	7	—
Instant foods	—	—	—	3	3	—
Lard	—	—	—	1	1	—
Macaroni cheese	—	—	—	1	1	—
Malt vinegar	—	—	—	18	18	—
Meat paste	—	—	—	9	9	—
Meat pies	—	—	—	2	2	—
Meat products	—	—	—	10	10	—
Milk ice	2	2	—	—	—	—
Mustard	—	—	—	3	3	—
Non-brewed condiment	4	4	—	9	9	—
Noodles	—	—	—	2	2	—
Peanut butter	—	—	—	1	1	—
Peppers	—	—	—	2	2	—
Pork sausage	17	15	2	26	20	6
Potted meat	41	37	4	3	2	1
Preserves	—	—	—	38	37	1
Puddings	—	—	—	4	4	—
Rice	—	—	—	4	4	—
Rose hip syrup	—	—	—	5	5	—
Salad cream	—	—	—	7	6	1
Salmon paste	3	3	—	4	4	—
Sauces and pickles	—	—	—	7	7	—
Self raising flour	—	—	—	13	13	—
Skimmed milk powder	—	—	—	5	5	—

	<i>Formal</i>			<i>Informal</i>		
	<i>No. Sub-mitted</i>	<i>Satis-factory</i>	<i>Unsatis-factory</i>	<i>No. Sub-mitted</i>	<i>Satis-factory</i>	<i>Unsatis-factory</i>
Soft drinks	—	—	—	33	33	—
Soup	—	—	—	7	7	—
Spices	—	—	—	2	2	—
Suet	—	—	—	1	1	—
Sugar tinted crystals	—	—	—	1	1	—
Sweets and confectionery... ..	—	—	—	6	6	—
Vegetables	—	—	—	9	9	—
Vegetable juices	—	—	—	1	1	—
Vegetable oils	—	—	—	3	3	—
Yoghurt	—	—	—	4	4	—
TOTALS	575	561	14	495	482	13

SAMPLES TAKEN UNDER THE FERTILISERS AND FEEDING STUFFS ACT, 1926

	<i>Formal Samples</i>		<i>Informal Samples</i>	
	<i>Satis-factory</i>	<i>Unsatis-factory</i>	<i>Satis-factory</i>	<i>Unsatis-factory</i>
Nitro Chalk	—	—	1	—
Bone and Hoof and Horn	—	—	1	—
Fertiliser	—	—	—	—
National Growmore Fertiliser	—	—	1	—
General Purpose Manure	—	—	1	—
Garden Fertiliser	—	—	1	—
Rose Manure	—	—	1	—
Intensive Battery and Deep Litter Meal	—	—	2	—
Layers Meal	—	—	2	—
Pig Meal No. 2	—	—	1	—
TOTAL	—	—	11	—

Meat Inspection

ANIMALS SLAUGHTERED AND INSPECTED IN THE CITY IN THE YEAR 1965

<i>Where Slaughtered</i>	<i>Oxen</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
Abattoir main slaughterhalls ...	57,964	1,170	127,990	143,283	—	330,407
Do. (Jewish method)	552	—	1,585	—	—	2,137
Do. (Mohammedan method) ...	—	—	6,835	—	—	6,835
Isolation slaughterhall ...	71	15	107	16	—	209
Totals (abattoir) ...	58,587	1,185	136,517	143,299	—	339,588
Totals (private slaughterhouses)	—	—	—	—	135	135
Grand Totals ...	58,587	1,185	136,517	143,299	135	339,723

CARCASSES AND OFFAL INSPECTED AND CONDEMNED, IN WHOLE OR IN PART, IN THE CITY DURING THE YEAR 1965

<i>Class of Animal</i>	<i>Oxen</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
Number killed and inspected ...	58,587	1,185	136,517	143,299	135	339,723
<i>All diseases except Tuberculosis and Cysticercosis—</i>						
Whole carcasses condemned ...	112	19	358	360	—	849
Carcasses of which some part or organ or part organ was condemned ...	21,452	4	23,320	27,185	60	72,021
Percentage of the number inspected affected with disease other than tuberculosis and cysticercosis ...	36·81	1·94	17·34	19·22	44·44	21·45
<i>Tuberculosis only—</i>						
Whole carcasses condemned ...	1	—	2	3	—	6
Carcasses of which some part or organ was condemned ...	23	—	6	708	—	737
Percentage of the number inspected affected with tuberculosis ...	0·04	—	0·01	0·50	—	0·22
<i>Cysticercosis—</i>						
Carcasses of which some part or organ was condemned ...	24	—	—	—	—	24
Carcasses submitted to treatment by refrigeration ...	24	—	—	—	—	24
Generalised and totally condemned ...	—	—	—	—	—	—

TOTAL WEIGHT OF MEAT FOUND UNFIT FOR HUMAN CONSUMPTION IN
THE ANIMALS SLAUGHTERED AND INSPECTED IN THE YEAR 1965

	MEAT								OFFALS								TOTALS			
	<i>Affected with Tuberculosis</i>				<i>Affected with other diseases</i>				<i>Affected with Tuberculosis</i>				<i>Affected with other diseases</i>							
	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>
Cattle ...	—	4	—	4	20	11	—	12	—	5	3	20	131	3	—	17	152	4	—	25
Calves ...	—	—	—	—	—	9	—	11	—	—	—	—	—	5	—	15	—	14	—	26
Sheep ...	—	1	—	19	7	13	2	18	—	1	—	22	24	—	—	12	31	16	—	15
Pigs ...	3	5	3	12	19	13	3	5	1	—	2	1	59	18	—	14	83	18	1	4
Horses ...	—	—	—	—	—	—	2	22	—	—	—	—	—	7	3	7	—	8	2	1
TOTALS ...	3	11	—	7	48	8	1	12	1	7	2	15	215	14	1	9	269	1	1	15

T—Tons. C.—Cwts. Q.—Qtrs. L.—Lbs.

PERCENTAGE OF CARCASSES OF OXEN, CALVES AND PIGS INSPECTED AND
FOUND TO BE AFFECTED WITH TUBERCULOSIS

Year	OXEN		CALVES		PIGS		TOTAL		Cattle slaught- ered under T.B. Order
	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	
1953 ...	36,464	16·76	3,741	0·51	41,819	4·09	82,024	9·56	30
1958 ...	54,301	14·82	3,724	0·13	96,112	0·93	154,137	5·81	3
1963 ...	71,316	0·10	2,948	0·00	108,965	0·81	183,229	0·52	—
1964 ...	64,917	0·09	1,407	0·00	127,866	0·76	194,190	0·53	—
1965 ...	58,587	0·04	1,185	0·00	143,299	0·50	203,071	0·36	—

GENERAL

Meteorology during 1965. Records taken at Weston Park (430 feet above sea level)

<i>Month</i>	<i>Highest Maximum Temper- ature</i>	<i>Lowest Minimum Temper- ature</i>	<i>Mean Temper- ature</i>	<i>Lowest Ground Mini- mum</i>	<i>Rain Inches</i>	<i>Rain Days</i>	<i>Sun- shine Hours</i>	<i>Snow Lying Days</i>
January ...	51·5	29·5	38·5	18·2	3·55	22	57·4	6
February ...	48·7	25·9	38·1	—	0·87	16	21·3	—
March ...	74·4	17·4	42·0	—	2·91	12	112·0	9
April ...	68·0	34·0	46·9	24·9	1·97	17	134·7	—
May ...	79·8	33·4	52·5	26·2	2·69	15	137·1	—
June ...	73·2	43·0	58·6	35·4	3·26	16	163·7	—
July ...	70·3	43·5	56·8	37·2	2·10	15	91·3	—
August ...	74·8	44·0	59·0	35·4	1·93	14	133·7	—
September ...	71·1	40·9	54·4	36·0	6·59	18	82·8	—
October ...	70·1	37·0	51·6	28·5	1·08	9	73·1	—
November ...	54·9	26·1	39·6	21·0	5·80	18	63·1	3
December ...	55·5	25·5	40·1	10·2	8·26	22	52·1	4

General Information

Total rain inches 41·01

Total rain days 194

Thunder was heard on 6 days.

Total sunshine hours 1,122·3

Total snow lying days 22

Fog was recorded on 11 days.

1965, with 41·01 inches of rain was the wettest since records were started in 1882. September and December were very wet months. Sunshine was generally below average with the exception of March when 112 hours were recorded (average for March is 88 hours).